A BetterStart

The Warwick Consortium Evaluation

A Better Start Implementation Evaluation Workstream Report 1 - Learning from the Bid Development Phase

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Warwick Consortium

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1.1 A Better Start

The Big Lottery Fund is investing £215 million over 10 years (from 2015 to 2025) in the 'Fulfilling Lives: A Better Start' programme (referred to throughout as *A Better Start*). *A Better Start* is designed to enable different models of effective preventative services to be implemented and tested out locally in the five selected areas:

- Blackpool
- Bradford
- Lambeth
- Nottingham
- Southend

The five *A Better Start* areas are each made up of specific wards with a population of 30-70000 people where there is evidence of deprivation and high levels of need amongst children, as measured by, for example, data on child poverty, low birth weight births, child development at age 5 and obese children at Year 6.

A Better Start focuses on pregnancy and the first three years of life. In particular, it aims to create population-level improvements in the life chances of children through the investment being spent on the design and delivery of preventative interventions implemented collaboratively across health and other public services and the voluntary, community and social enterprise (VCSE) sector. It focuses on three outcome domains: social and emotional health; nutrition; communication and language development. The fourth desired outcome is long term systemic change in the way that local health, other public services and the VCSE sector work together to improve outcomes for children.

1.2 Evaluation and learning

The Big Lottery Fund appointed the Warwick Consortium to undertake the evaluation and learning contract for *A Better Start*. The Consortium is led by Professor Jane Barlow, University of Warwick, and comprises a team from the Universities of Warwick, Oxford, Imperial College, King's College London (KCL), Glasgow, and Durham; Ipsos MORI; Bryson Purdon Social Research; and ECORYS.

The **purpose** of the evaluation and learning contract is to ensure that the lessons in terms of what works, for whom and why are identified and widely disseminated.

The Warwick Consortium evaluation involves three workstreams:

- Workstream 1: Implementation evaluation of the set-up and delivery of the programme

- Workstream 2: Impact and economic evaluation of the area programmes
- Workstream 3: Learning and dissemination.

1.2.1 Workstream 1: The implementation evaluation

This report is the first from **Workstream 1,** the implementation evaluation. In this context, "implementation" means "the putting into practice of *A Better Start*", i.e. the whole process of making it happen, from planning onwards. This is a different and wider definition of "implementation" than is used by the Big Lottery Fund in its terminology of "implementation and embedding phase". In that context, "implementation" is viewed as happening prior to "full delivery", and is limited to the period during which first interventions are piloted and begin to move beyond piloting to roll out.

The implementation evaluation is concerned with three aspects of how *A Better Start* is put into practice: how the overall *A Better Start* programme is implemented (the overview); how it is implemented in each of the five areas (the case studies); and how individual interventions (portfolio projects) are implemented in each area.

The implementation evaluation work has two phases. Phase 1 (of which this report is the first) is underpinned by a participatory action research approach. Also known as formative evaluation, this approach involves the researchers feeding back to the funder and the intervention sites' findings from the evaluation during the study so that the intervention can be optimised. The **aim** of Phase 1 is to work with all the relevant *A Better Start* partners to ensure that the learning from the evaluation is used to support high quality implementation of *A Better Start* across the five sites.

The three **research questions** guiding the first phase are:

1 Beginning of the programme? (i.e. prior to *A Better Start*).

2 What planning procedures were undertaken in order to set up and implement the programme?

3 What was the nature of the relationship between the *A Better Start* areas and the external support available (e.g. from the Social Research Unit) during the bid development phase, the grant set-up phase and the implementation and embedding phase (Years 1 and 2)?

These questions will enable later exploration of which factors were associated with the effective implementation of the programme in the delivery phase (from Year 3).

In Phase 2 (from April 2017), two methodologies, process evaluation and context-mechanism-outcome (CMO) profiling, will be used in order to identify how well services have been constructed and delivered, especially taking into account joined up service delivery, within each of the five *A Better Start* areas, as well as the critical success factors for practice and systems necessary for wider replication and taking to scale beyond these areas.

The overall approach of the implementation evaluation has been informed by the Quality Implementation Framework (Meyers, Durlak and Wandersman, 2012[1]), which comprises a synthesis of 25 other implementation frameworks.

1.2.2 This report

This report focuses on learning from activity in the five successful areas relating to the development of their winning bid for funding from the Big Lottery Fund's *Fulfilling Lives: A Better Start* grant. The bid development process took place over 18 months from January 2013 to June 2014, including three competitive stages: Expression of Interest; Stage 1 (longlist of 40) and Stage 2 (shortlist of 15).

This report addresses parts of our Research Questions 2 and 3.

The method used was semi-structured interviews. Twenty-four interviews were carried out with 35 people across the five sites who had been involved as part of the core team developing their respective area's bid. The interviews were held during autumn 2014. They were mainly conducted face-to-face. A small number were done over the telephone. The interview questions covered set topics but also enabled and encouraged interviewees to raise other issues and topics if they so desired.

Transcriptions of the interviews were analysed thematically, using both the themes we had structured in to the interviews, and additional themes raised by interviewees. We then considered the data in the light of the Quality Implementation Framework (Meyers, Durlak and Wandersman, 2012) and identified implications for learning to support the continuing implementation process.

2.0 Main Findings

The main findings are organised here by the chapter in which they appear in the main report and with topic sub-headings. The findings are derived mainly from analysis of interview data. As such, they encapsulate the range and relative balance of the perceptions, experiences and opinions shared during the interviews. Area bid documents were also drawn upon.

2.1 Main findings reported in Chapter 3

The importance of implementation

- The 18-month bid development phase enabled those involved in it to understand that positive outcomes for children and families are not created only by what is done but also by how it is done. For some, this was a new way of thinking. Across the areas, the implications of this for future workforce development had been noted.

[1] Meyers, D.C., Durlak, J.A., Wandersman, A. (2012). The Quality Implementation Framework: A synthesis of critical steps in the implementation process, *American Journal of Community Psychology*, 50, 462-480. All subsequent references to the Quality Implementation Framework are to this article.

The vision for *A Better Start*

- Across all five areas, and all interviewees, it was clear that the A Better Start vision, as articulated by the Big Lottery Fund in its call for Expressions of Interest and afterwards, motivated people to get involved. The focus on better lives for children, the concept of early intervention expressed as getting it right from the start; the focus on prevention and universal provision within the A Better Start wards; and the focus on evidence-based practice were reported as being especially engaging.

The wards within the areas

- The selection of the wards, which were to be the focus of A Better Start in each area, was a critical decision, taken during the Expression of Interest stage. To a large extent, selection was driven by data on local need but other issues, such as local politics and population diversity, were also taken in to account where appropriate.

- Each of the five areas provided at least one example of how the bid development work, focused on the selected wards, had led to learning that informed area-wide good practice.

New understanding of local need

- Professionals involved in the bid development reported working in new ways to create spaces and ways to bring together a wide range of people (including local parents) to be involved in planning and decision-making regarding the bid. This was viewed as having led to new understanding about local needs and strengths, and to new learning about the local community that informed each area's respective bid.

- The collection and review of local data required by the bid development process was reported to have led, in some areas, to new awareness of local needs, and of the need to change the priorities for spending public money locally.

Local context

- The specific local contexts in the five areas were taken into account in the planning developed through the bid development phase. 'Local fit' was viewed as important.

- Interviewees were very aware that their A Better Start programme would take place in the specificity of their local context; and that that context would change over time.

- Contextual issues relating to local populations that were discussed varied by area but included rapid population turnover and/or population movement around the LA and/or changes in the ethnic compositions of local populations.

- Other contextual issues mentioned related to changes made to central and/or local government policies and funding, including budget cuts.

Different core approaches

- Area bid documents showed that the different areas adopted different core 'approaches' within their overall, public health-informed, models. Interviews indicated that, to a greater or lesser extent in different areas, there were tensions within the partnership around competing views/visions for the core model.

2.2 Main findings reported in Chapter 4

Leadership

- The processes described as having been used to select a voluntary sector organisation to lead the partnership varied from open (advertised nationwide) to closed (one organisation approached).

- The handover of leadership from LA (at Expression of Interest stage) to VCSE organisation (from Stage 1) was perceived as having worked well overall.

- Four benefits of having a VCSE sector organisation as lead partner were reported:

  - Ability to create/build on strong links to local community groups and families.

  - Ability to create/build on strong relationships with local universal and targeted services.

  - Ability to offer challenge to the statutory sector from a position of lead partner (i.e. 'insider') with a VCSE sector viewpoint (i.e. 'outsider')[2].

  - Necessity of LA relinquishing some power to the wider partnership in support of systemic change.

Partnership

- Interviews and bid documents indicated that a substantial amount of work was done to build the implementation partnerships during the bid development phase.

- During Stage 2, interviews indicated that partnership-building was strongly influenced by the Social Research Unit's governance model, as described in a *Better Evidence for a Better Start*[3] methodology paper. That paper specified the need for an area partnership of 12 to 20 members collectively accountable for a local strategy. It also specified that each area should engage community representation**.**

- Overall, the partnerships were viewed as having worked well, supported by the requirement to have a draft partnership agreement and a leverage agreement, by specific local strengths, and by the success of community engagement.

[2] 'Insider'/'outsider' terms were not used by interviewees; these were implied and therefore added in.

[3] Batter Evidence for a Better Start is an adapted version of the Evidence2Success methodology developed by the Social Research Unit at Dartington, in partnership with the Annie E. Casey Foundation and the Social Development Research Group.

Engaging parents and community

- Interviews indicated that, during the bid development process, each area created structured ways of successfully fostering community engagement and involving parents.

- Some areas reported successfully involving more parents (fathers as well as mothers) than others. Interviewees described the efforts made to reach out to different segments of the parent population.

Culture change

- All five areas were aware of the challenge involved in implementing *A Better Start*. Two big cultural changes were perceived as being required: embedding a prevention focus and embedding the use of evidence-based practice.

- There was some evidence that these cultural changes had begun during the bid development phase.

- Each area described local experience and resources that could be drawn on to support the process of changing the culture.

System change

- Each area reported successfully achieving senior leadership commitment to the aim of making systemic changes to the ways in which the public sector worked with the VCSE sector in order to deliver high quality services to improve outcomes for children.

2.3 Main findings reported in Chapter 5

Programme-level support

- The Big Lottery Fund commissioned development support and provided development funding to all shortlisted areas: this was valued by interviewees across all five areas,

- Engaging with the development support commissioned from the Social Research Unit was a requirement of Stage 2 of the process. In all five areas, the Social Research Unit guidance informed:

  - The governance structures put in place.

  - The commitment to leverage (i.e. a systematic shift in public spending towards prevention, evidence-based interventions, and young children).

  - The way in which existing spending was mapped to create a baseline from which any such shift could be measured.

  - The way in which the area strategy was developed.

  - The selection of each area's portfolio of planned interventions

- The development funding was spent on capacity-building activity, including activity reported as having resulted in:
    - Gaining buy-in from professionals and communities to the vision for *A Better Start.*
    - Removing practical barriers to parent engagement.
    - Enhancing the bid development team.
    - Improving communication amongst partners.
    - Improving skills.
    - Improving infrastructure.
    - Pre-innovation training.
- In addition to the staffing and activities it paid for, the development funding was perceived as having given a psychological boost to local communities which increased engagement.

Carrying learning from the bid development phase forward into implementation

- All interviewees spoke about learning from the bid development phase that would continue to be influential during the implementation of *A Better Start*.

3.0 Conclusions

On the basis of the evidence presented in this report, we conclude that the bid development phase was an important investment in planning for high quality implementation of *A Better Start* in the five successful areas. It enabled all five areas to create partnerships across local authority (especially Early Years[4] and public health), health and other public services and the VCSE sector; partnerships committed to working collaboratively and to creating a systemic change focused on improved outcomes for children. The bid development phase also allowed all five areas to begin to build community engagement around their respective shared vision of what could and should be done to improve outcomes for local children.

[4] "Early Years" here means the local authority Early Years' service/team. We recognise that the early years sector is, itself, made up of private, public and voluntary sector provision.

4.0 Recommendation

On the basis of our reflections on the evidence presented in this report, we make the following recommendations with regard to learning themes.

4.1 Learning themes from Chapter 3

- Spread the word that implementation is as important as the intervention
    - Those involved in the bid development process need to ensure that they pass on to new staff, partners and beneficiaries the understanding they gained of how important quality implementation is in order to achieve positive outcomes from interventions.
- Engage and motivate using the *A Better Start* concept and vision
    - The power of the vision should be kept central to all activity and used to engage and motivate new staff, existing staff, partners and beneficiaries.
- Articulate how a ward-based investment will benefit the whole area
    - Attention needs to be paid to how the investment in specific wards is communicated and justified to the wider population in the local area.
    - Ensure relevant data is collected and used to support quality implementation and to provide a basis for operational and commissioning decisions.
- Keep questioning, listening and learning together
    - It is worth continuing to coproduce the work of planning and implementation with local mothers, fathers and grandparents and to continue to bring people together across role, hierarchical and organisational boundaries to coproduce new solutions to entrenched issues and new challenges.
- Attend to (changing) context
    - Mitigate against known risks to outcomes from the start.
    - Repeat implementation steps as necessary when change happens.
    - The systematic collection and use of relevant data can lead to new understandings of local need.
    - Consider the local fit of any innovation and make appropriate local adaptations if required.
- Attend to potential fracture lines in the partnership

- Tensions within any partnership during the bid development phase, underpinned by differing professional or organisational identities, should not be ignored as they are unlikely to disappear. Continued discussion and coproduction should diminish them.

4.2 Learning themes from Chapter 4

- Lead and maintain the partnership.
  - Early decisions about the leadership are likely to have ramifications throughout the programme. Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/partnership climate[5] will be an important and continuing leadership task requiring structured ways of doing so.
  - Engaging the beneficiary parents requires specific skills which has implications for workforce development and the skill-mix of core team staff.
  - Avoid generalising to 'the community' or to 'parents' on the basis of small numbers of parent representatives.
  - Ensure fathers' views, as well as mothers' views, are expressly canvassed and included.
- Change the culture (towards prevention and early intervention and use of evidence).
  - Each *A Better Start* area will need to invest effort, time and resources in ensuring that all stakeholders understand why this culture change needs to happen and that it will mean things being done differently.
- Build on known strengths.
  - Local capacity-building activity and work towards culture change is likely to benefit from acknowledging and learning from local experience and resources.
- Be part of the system you want to change.
  - In each area, *A Better Start* must guard against becoming, or being viewed as, a 'project' that is happening on its own, separate from the wider systems across the local area that it seeks to change.
- Induct new staff into the *A Better Start* vision and understandings.
  - Induction support is required to ensure that the vision and learning that has led to new knowledge and understanding is passed on to new staff.

[5] Step 5 in the Quality Implementation Framework.

4.3 Learning themes from Chapter 5

- Use the Quality Implementation Framework to help communicate progress to stakeholders and to manage their expectations around delivery.
    - Use the Framework to help explain that, of necessity, the stage of implementation of the overall programme will be in advance of the stage of implementation of area plans. These area plans will, in turn, be in advance of the implementation stage of specific interventions on the ground, at least for a time.
- Make use of programme-level capacity building activity.
    - Because it is designed to improve the implementation of the overall programme, all five sites should continue to make use of programme-level capacity-building support offered by the Big Lottery Fund to support implementation in their respective areas.
- Negotiate local fit into programme-level capacity building support.
    - Each area is a unique setting and so it makes sense that consideration should be given to negotiating with external providers as to what, if any, local adaptation may be made to capacity-building support to ensure local fit.
- Take what works from external support.
    - Experience from the bid development phase showed that all of the areas reported benefits to a greater or lesser extent of the capacity-building support offered.
- Learn from others' previous relevant experience.
    - Use the expert knowledge available to *A Better Start* teams to feed in to local implementation of *A Better Start* the lessons from others' previous relevant experience (e.g. from Sure Start, from WAVE Trust, from Family Nurse Partnership).
- Provide financial resources to create necessary capacity to do implementation well.
    - Learning from the uses of the development funding at Stage 2 suggests that other grant makers/funders of innovations should also provide financial resources to create the capacity to do implementation well.
    - It also suggests that implementation leaders in each of the five areas need to provide the delivery teams with the financial resources necessary to build the capacity required to do implementation well.
- Continue to be reflective.
    - In addition to learning from others', learning from each area's own experience over time will also be important to the quality implementation of *A Better Start*. Regular opportunities for staff to reflect and collate learning will support this.

1. Introduction

This is the first report (of what is planned to be a series of reports) sharing findings from the evaluation of the implementation of *A Better Start*. From the point of view of the evaluation team, "implementation" means "the process of putting into action the plan for *A Better Start*", i.e. the whole process of making the programme happen on the ground, from planning onwards, all the way through to the end. The work is focused on three areas: how the overall *A Better Start* programme is implemented (the overview); how it is implemented in each of the five areas (the case studies); and how individual interventions (portfolio projects) are implemented in each area.

This is a different and wider definition of "implementation" than is sometimes used, including by the Big Lottery Fund in its terminology relating to *A Better Start*. For example, the Big Lottery Fund refers to the "implementation and embedding phase". In that context, "implementation" is viewed as a phase of the programme happening prior to "full delivery", and is limited to the period during which first interventions are piloted and begin to move beyond piloting to roll out. For the Big Lottery, "implementation" of interventions in *A Better Start* means:

> "Using evidence on what works from implementation science to effectively bridge the gap between science and practice to ensure that interventions shown to be effective elsewhere produce similar outcomes when implemented in our local sites. Where interventions are innovative we use the same principles to ensure that they are put into practice and monitored effectively to test their effectiveness in improving outcomes for children. (*A Better Start* definitions document, June 2016)

This first implementation evaluation report is intended to be of formative[6] use to the five *A Better Start* areas and/or of use to a wider audience interested in implementation science.

In this chapter, we introduce the *A Better Start* programme and the Warwick Consortium appointed to evaluate it. We provide an overview of how the evaluation is structured before setting out, in more detail, information about its implementation workstream. The chapter closes with an overview of the structure of the report.

1.1 A Better Start

The Big Lottery Fund is investing £215 million over 10 years (from 2015 to 2025) in the 'Fulfilling Lives: A Better Start' programme (referred to throughout as *A Better Start*). *A Better Start* aims to 'deliver a step change in the use of preventative approaches for babies and children from pregnancy to three years of age'[7]. It is designed to enable different models of effective preventative services to be implemented and tested out locally in the five selected areas: Blackpool, Bradford, Lambeth, Nottingham and Southend. The five *A Better Start* areas are each made up of specific wards with a population of 30-70000 people where there is evidence of deprivation and high levels of need amongst children, as measured by, for

[6] We use "formative" here in contrast to 'summative" i.e., we mean that the findings are shared with the areas during the implementation period so that they can be used to inform what happens, rather than being reported only at the end of the period of evaluation.

[7] From Expression of Interest guidance notes, 2012.

example, data on child poverty, low birth weight births, child development at age 5 and obese children at Year 6.

A Better Start focuses on pregnancy and the first three years of life. In particular, it aims to create population-level improvements in the life chances of children through the investment being spent on the design and delivery of preventative interventions implemented collaboratively across health and other public services and the voluntary, community and social enterprise (VCSE) sector in three outcome domains:

- Social and emotional health.
- Nutrition.
- Communication and language development.

The rationale for focusing on "population-level improvements" is that:

> Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. (*A Better Start* definitions document, 'proportionate universalism', June 2016)

The fourth desired outcome is long term systemic change in the way that local health, other public services and the VCSE sector work together to improve outcomes for children. "Systems change" has been defined by the Big Lottery Fund in the context of *A Better Start* as meaning:

> "Changes in organisational culture, policies and procedures within individual organisations or across organisations that enhance or streamline access and reduce or eliminate barriers to needed services by a target population. For A Better Start, this means a shift in culture and spending across children and families agencies towards prevention. That local health, public services, VCSE and the wider community work together to coproduce and deliver less bureaucratic, more joined up services that are prevention focused and needs and demand led. Services that work with the whole family effectively to improve outcomes for children." (*A Better Start* definitions document, June 2016)

The Big Lottery Fund stated[8] that, through the investment made in each of the five areas, these areas must:

- Give disadvantaged and vulnerable children a better start in life.
- Reduce the costs of dealing with later health and social problems.
- Harness the skills, commitment and resources of VCSE, health and local authority practitioners and sector leaders working together.
- Provide effective, sustainable and scalable preventative approaches in pregnancy and very early life.

[8] As Footnote 2.

In order to have the best chance of delivering the aims of the programme, there is a strong emphasis on the use of interventions that have evidence of their efficacy from rigorous trials, particularly randomised controlled trials (RCTs), and especially where there is accumulated evidence of efficacy and effectiveness in community settings. Where new interventions (without prior evidence of effectiveness) are to be implemented, these must be based on sound theory and must be locally evaluated.

1.2 The Warwick Consortium evaluation

The Big Lottery Fund appointed the Warwick Consortium to undertake the evaluation and learning contract for *A Better Start*. The Consortium is led by Professor Jane Barlow, University of Warwick, and comprises a team from the Universities of Warwick, Oxford, Imperial, King's College London (KCL), Glasgow, and Durham; Ipsos MORI; Bryson Purdon Social Research; and ECORYS.

The purpose of the evaluation and learning contract is to ensure that the lessons in terms of what works, for whom and why are identified and widely disseminated. This fits the definition of the purpose of a 'realist evaluation' (Pawson and Tilley, 1997; 2004):

> Such evaluation has an explanatory quest – programme theories are tested for the purpose of refining them. The basic question asked [...] is thus multi-faceted. Realist evaluations ask not, "What works?" or "Does this programme work?" but ask instead, "What works for whom in what circumstances and in what respects, and how?" (Pawson and Tilley, 2004, p2)

To provide answers to these questions, the Warwick Consortium evaluation involves three workstreams:

- Workstream 1: Implementation evaluation of the set-up and delivery of the programme.
- Workstream 2: Impact and economic evaluation of the area programmes.
- Workstream 3: Learning and dissemination.

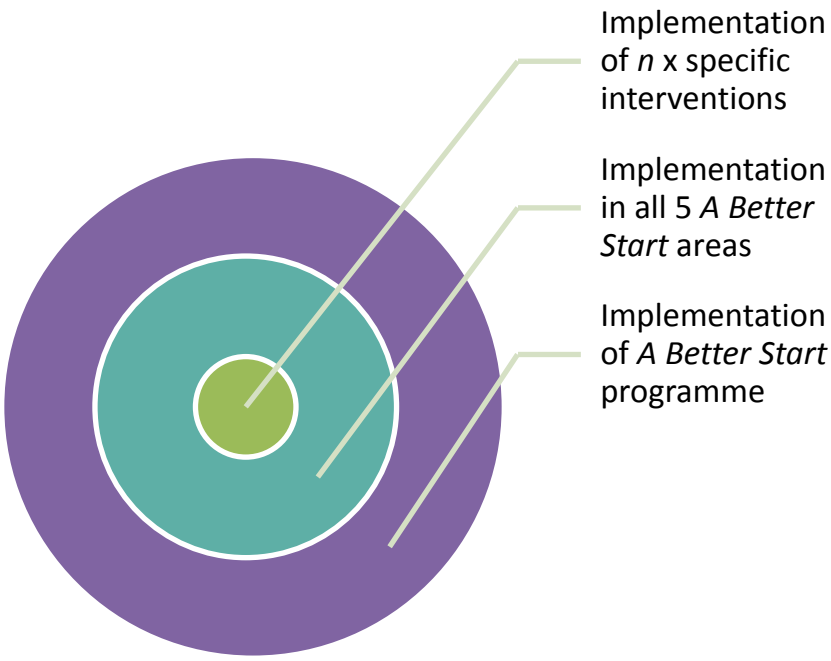
This report is the first from Workstream 1, the implementation evaluation. We now describe Workstream 1 in more detail to give a context for our first findings.

1.3 The implementation evaluation

The implementation evaluation workstream encompasses three levels of implementation (Figure 1):

- Programme level: the overall *A Better Start* programme (the overview).
- Area level: the five areas (the case studies).
- Individual interventions (portfolio projects).

Figure 1: The three levels of implementation encompassed in the evaluation



The implementation evaluation work has two phases: Phase 1 (lasting two years) and Phase 2 (lasting seven years). Figure 2 shows how the implementation evaluation relates to the *A Better Start* timeline and terminology.

Figure 2: Implementation evaluation in the *A Better Start* timeline

***A Better Start* timeline**	**Phases of our implementation evaluation**
Development phase: Expression of Interest Stage 1 application Stage 2 application **Grant set-up:** July 2014 – March 2015 **Implementation and embedding phase:** Year 1: April 2015-March 2016 Year 2: April 2016 – March 2017	**Phase 1** Participatory action research (formative evaluation) – interviews, focus groups, surveys
Delivery phase: Year 3: April 2017 to Year 9: April 2023 - March 2024	**Phase 2** Implementation evaluation (analysis of process data) – interviews, surveys, document analysis, monitoring data

1.3.1 Overall approach: the Quality Implementation Framework

The overall approach of the implementation evaluation has been informed by the Quality Implementation Framework (Meyers, Durlak and Wandersman, 2012[9]), which comprises a synthesis of 25 other implementation frameworks. The Quality Implementation Framework has four stages that we relate to the two Phases of our implementation evaluation (see Figure 3).

Figure 3: Relating the Quality Implementation Framework (Meyers et al, 2012) to our implementation evaluation

Quality Implementation Framework	Phases of our implementation evaluation
1. Initial consideration of the host setting	**Phase 1: Sept 2014-August 2016**[10] Participatory action research (formative evaluation) – interviews, focus groups, surveys
2. Creating a structure for implementation	
3. Ongoing structure once implementation is underway	**Phase 2: Sept 2016-March 2024** Implementation evaluation (Analysis of process data) – interviews, surveys, document analysis, monitoring data
4. Improving further application	

Source: *Based on Warwick Consortium: Fulfilling Lives: A Better Start evaluation and learning contract bid*

The essence of the Quality Implementation Framework is that it encapsulates the way in which the implementation process can be, "viewed *systematically* in terms of a *temporal series of linked steps* that should be effectively addressed to enhance the likelihood of quality implementation" (Meyers, Durlak & Wandersman, 2012, p478, emphasis added). The 14 linked steps are set out in Figure 4.

[9] All subsequent references to the Quality Implementation Framework are to this 2012 article by Meyers, Durlak and Wandersman.

[10] See Footnote on page 9.

Figure 4: The Quality Implementation Framework

Quality Implementation Framework	
Four Stages	**Steps in each stage**
1. Initial consideration of the host setting	**Assessment strategies** • 1. Conducting a needs and resources assessment • 2. Conducting a fit assessment • 3. Conducting a capacity/readiness assessment **Decisions about implementation** • 4. Possibility for adaptation **Capacity-building strategies** • 5. Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/organisation climate • 6. Building general/organisational capacity • 7. Staff recruitment/maintenance • 8. Effective pre-innovation staff training
2. Creating a structure for implementation	**Structural features for implementation** • 9. Creating implementation teams • 10. Developing an implementation plan
3. Ongoing structure once implementation is underway	• Ongoing implementation support strategies • 11. Technical assistance/coaching/supervision • 12. Process evaluation • 13. Supportive feedback mechanism
4. Improving further application	• 14. Learning from experience

Source: *Myers, D.C., Durlak, J.A., Wanersman, A. (2012).*

It is important to note that the first two stages occur *before* implementation begins: they represent the necessary preparatory work to support quality implementation. Of the 14 steps, 10 occur prior to implementation on the ground.

The framework developers stress that the order of the steps is not rigid; they may vary in practice, "because implementation is a dynamic process" (p474). They state that, depending on the specific context, some steps may need to be revisited, skipped over, or addressed simultaneously.

The Quality Implementation Framework informs our work in evaluating the implementation of the *A Better Start* programme overall, of the programme in each of the five areas, and of how sites are evaluating specific interventions (portfolio projects) in each area (cf. Figure 1). Applying this framework to the bid development phase illustrates why that phase was important: the work undertaken by the funder and by the bidders represented preparatory steps for the implementation of:

- The overall programme.
- Each successful area's *A Better Start.*
- Specific interventions in each successful area.

Our evaluation of the bid development phase focuses only on the five successful areas[11].

1.3.2 An Interactive Systems Framework

A Better Start includes a strong emphasis on the use of evidence-based interventions in the local delivery of the programme in the five areas. The implementation evaluation therefore draws on a framework that is useful for understanding how the gap between what is known about prevention and its use in practice is bridged: the Interactive Systems Framework (Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville and Saul, 2008). The Interactive Systems Framework focuses on, "key elements and relationships involved in the movement of knowledge of research into practice" (Wandersman *et al*., p174). It consists of three interacting systems, "crucial for the successful dissemination and implementation of [evidence-based] prevention innovations in practice" (Wandersman *et al*., p178):

Prevention synthesis and translation system

- That is, activities to synthesise existing research and translate it into products (e.g. journal articles, training manuals, implementation protocols) for use by practitioners in everyday practice.

Prevention support systems

- That is, the external support in place to help the local delivery teams optimise effective, high quality delivery of the intervention.

- This support may be:

  - *specific to an intervention* (e.g. providing information about the intervention before an organisation decides if it wants to adopt it, providing training on how to deliver the intervention, providing technical assistance once the intervention is being delivered such as further training, coaching, monitoring of fidelity).

  - *focused on general capacity in an organisation* (e.g. effective organisational infrastructure, creating strong partnerships, developing leadership skills).

Prevention delivery system

- That is, the capacities of the organisations and individuals that will implement the programme/intervention/s in a specific community.

  - Using general capacity; that is, activities related to maintaining a functioning organisation e.g. maintaining sufficient staffing, developing organisational leadership, willingness to try a new intervention.

[11] Our work did not include the ten other areas that were shortlisted but not selected for funding.

- Using innovation-specific capacities; that is, activities such as gathering information about possible interventions to use, choosing which interventions to adopt, knowledge, skills and motivation needed to implement and maintain an intervention over time.

- Using community capacities to identify and address (or prevent) existing problems.

The developers of the Interactive Systems Framework also acknowledge the importance of the broader context within which dissemination and implementation of evidence-based innovation takes place.

The Interactive Systems Framework informs our evaluation of the specific interventions making up the portfolio of projects in each area's implementation of *A Better Start*.

1.3.3 Phase 1: Participatory action research (formative evaluation)

Phase 1, lasting from September 2014 to March 2017, is underpinned by a participatory action research approach. Participatory action research, also known as formative evaluation, involves the researchers feeding back to the funder and the intervention site/s, findings from the evaluation *during the study* so that the intervention (in this case, *A Better Start*) can be optimised.

The **aim** of Phase 1 is to work with all the relevant A Better *Start* partners to ensure that the learning from the evaluation is used to support high quality implementation of *A Better Start* across the five sites.

The three **research questions** guiding this first phase are:

1. What services, organisational structures and monitoring systems were in place at the beginning of the programme? (i.e. prior to *A Better Start*).

2. What planning procedures were undertaken in order to set up and implement the programme?

3. What was the nature of the relationship between the *A Better Start* areas and the external support available (e.g. from the Social Research Unit) during the bid development phase, the grant set-up phase and the implementation and embedding phase (Years 1 and 2)?

These questions will enable us to later explore which factors were associated with the effective implementation of the programme during the delivery phase (from Year 3).

This report *contributes to* answering research questions 2 and 3 above; further reports will also address these questions. Research question 1 is not addressed here; it will be the focus of a later report.

The Phase 1 **methods** include stakeholder interviews, focus groups and bespoke surveys.

1.3.4 Phase 2: Implementation evaluation

Phase 2 will begin in April 2017 and run until March 2024. Two methodologies, process evaluation and context-mechanism-outcome (CMO) profiling, will be used in order to identify how well services have been constructed and delivered, especially taking into account joined up service delivery, within each of the five *A Better Start* areas, as well as the critical success factors for practice and systems necessary for wider replication and taking to scale beyond these areas.

1.4 The structure of this report

In Chapter 2, we describe the bid development phase of *A Better Start*, and report on the evaluation data collection and analysis. Chapters 3 and 4 form the substance of the report, structured around learning themes derived from analysis of the bid development phase interviews. The final chapter summarises the implementation process for the overall programme, for each area, and for individual interventions within area portfolios.

2.0 Evaluating the bid development phase

In this chapter, we begin by describing what we mean by 'the bid development phase'. We then describe the evaluation data collected and analysed about that phase.

2.1 The bid development process

The bid development process is outlined here to provide the context for the rest of the report.

2.1.1 A staged process

The bid development process for applying to *A Better Start* took place over 18 months from January 2013 to June 2014, and involved three stages:

- Expression of interest.
- Stage 1 (long list).
- Stage 2 (short list).

At the Expression of Interest stage, the local authority (LA) had to lead on the submission. During that stage, the LA had to identify a voluntary and community sector organisation able and willing to be the lead applicant if invited to submit a Stage 1 application. The Chief Executive Officers (CEOs) of the local authority and of the lead VCSE organisation, as well as the Director of Public Health, had to support and approve the Expression of Interest. The proposed partnership had to involve senior leaders in the LA, NHS and VCSE sectors. The wards selected to be the proposed *A Better Start* 'area' had to be identified, along with the rationale for selection. The Expression of Interest also included 750 words on the existing commitment to prevention in these wards and a list of all local organisations and agencies 'so far identified' that would play a significant role in the partnership and project, along with an indication of what their contribution would be.

The Stage 1 application had to be led by the VCSE sector partner identified at Expression of Interest stage. The application form asked for specified information in relation to six key questions:

- What will your project do?
- Why is your project needed?
- What difference will your project make?
- How will you carry out your project?
- Included details of project management, of project costs and the amount requested from the Big Lottery Fund, and level of development funding requested from the Fund.
- Do you have the skills, experience and resources to run your project?
- Who will benefit from your project?

Each key question was broken down into sub-questions, requiring answers usually of about 300 words each.

The Stage 2 application, also led by the voluntary and community sector partner, was supported by development funding of up to £400,000 for each of the 15 shortlisted sites. This was in addition to development support commissioned by the Big Lottery Fund from the Social Research Unit (see Figure 5).

Figure 5: The development support provided by the Big Lottery Fund through the Social Research Unit during Stage 2: 'Better Evidence for a Better Start'

Better Evidence for a Better Start
Three key elements:
1. A governance framework 'This framework will allow local statutory agencies, voluntary sector organisations, practitioners and parents to share accountability for the design, implementation, monitoring and adaptation of a single strategy for the duration of the investment. It includes a 'bank' mechanism – the financial governance arrangements needed to ensure that our investment leverages a systemic shift in existing spending on services towards prevention'
2. Three inputs to inform strategy development • Evidence on what works. • Area needs profiles. • A map of how local funds are spent.
3. Training and support to facilitate the development of a shared vision and strategy • Seminars, webinars and website information from "leading national and international experts and practitioners in prevention". • Training for the local partnerships, "on how to think about prevention, how to use a common language to analyse local solutions to local problems, and how to interpret and apply the 'inputs' described above". • Experienced facilitators to bring the local partnership together to, "analyse the data and evidence and use it to prepare a detailed prevention strategy" (referred to later as the strategy days). • Each area will have, "access to a highly trained site manager, experienced in using the methodology" (referred to later as the associate).

Source: *Stage 2 applications - Guidance*

The documentation required to be submitted for a Stage 2 application was substantial. In addition to the completed application form, the final bids included an executive summary, a written strategy, a set of specified annexes (A-N), plus additional unspecified appendices submitted by the areas to substantiate their strategy.

2.1.2 How the bid development process mapped on to the Quality Implementation Framework

The work required during the bid development process involved the 15 shortlisted areas in working through at least six of the 10 steps of the first two phases of the Quality Implementation Framework (Steps 1, 'Conducting a needs and resources assessment', 2. 'Conducting a fit assessment, 3. 'Conducting a capacity/readiness assessment', 4. 'Making decisions about implementation, including possibilities for adaptation', 5. 'Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/organisational climate' and 10. 'Developing an implementation plan'). For this reason, it was important to capture the views, experiences and learning from the process from the five areas that were successful in achieving investment through the *A Better Start* programme.

2.2 The data collected about the bid development phase

This report focuses on learning from the views and experiences of those closely involved in the bid development process. It is based on analysis of 24 semi-structured interviews with 35 people across the five *A Better Start* areas (Table 1). The findings reported encapsulate the range and relative balance of the perceptions, experiences and opinions shared during the interviews. Area bid documents are also drawn upon at times to expand or explain points made in interviews.

Table 1: Number of interviews and interviewees by *A Better Start* area

Area	Number of interviews	Number of interviewees
Blackpool	7	7
Bradford	2	4
Lambeth	9	10
Nottingham	1	2
Southend	5	12
Totals	**24**	**35**

Source: *Bid development phase interviews, Autumn 2014*

Each site was invited to include in the interviews, 'the core team of people involved in the bid development', resulting in varying numbers of interviewees by site (Table 1). These varying numbers of interviewees reflected the reality of differently sized 'core teams' involved in developing the bid in each area. Nottingham's bid, for example, while informed by much wider local consultations (as in all of the areas), was largely developed and written by the two interviewees.

The interviews were held during autumn 2014. Most were conducted face-to-face. A small number were done over the telephone, when that better suited the person interviewed. Site teams and individuals chose whether they wanted to be interviewed on a one-to-one basis, in pairs or in small groups. All three of these formats were used, in accordance with interviewee preference.

The interview questions were structured to cover set topics, but also enabled and encouraged interviewees to raise other issues and topics if they wished to do so (Figure 6).

Figure 6: The main topics structured in to the interviews

Topics:

• Role and relevant professional background
  - When and why involved in the bid?
• Creating the bid development team and the wider partnership.
  - Who, why, when?
  - What worked well/less well about relationships and wider partnership structures?
• Views about the approach of the Big Lottery Fund.
  - Conceptualisation of A Better Start.
  - Usefulness of the application process in developing local thinking.
• Work at Stage 2 of the process.
  - Views about SRU's methodology and support in creating the area strategy.
  - Views about the value of the Development funding.
• Main learning points/stages in the process.
  - When did new learning take place?
• Impact of the bid development phase in the local area.
  - What was different on the ground and sustainable (even if bid had *not* been successful)?
  - What lessons learned would be carried forward to the actual project?
• Open invitation to raise any other relevant points or issues.

Source: *Bid development phase interviews, Autumn 2014*

2.3 Analysis of the data

The interviews were transcribed and then analysed thematically, using both the themes we had structured in to the interviews, and additional themes raised by interviewees. We then considered the data in the light of the Quality Implementation Framework (Chapter 1, section 1.3.1) and identified implications for learning to support the continuing implementation process.

To preserve the confidentiality of interviewees, we used randomly generated numerical codes for the five areas and for each individual interviewee. To further support confidentiality, we do not identify specific examples by area. Quotations are identified only by the random interviewee number (e.g. I.21). We have ensured that illustrative quotations and examples referred to in this report are drawn from across all five areas and from a range of interviewees.

2.4 Learning from the evaluation of the bid development phase

The following three chapters are structured around learning themes derived from our analysis of the bid development phase interviews. Through these themes we have tried to capture what we were told about what people learned during the bid development phase and its relevance to the continuing implementation of *A Better Start.*

It is hoped that reflection on these themes will prove of practical benefit to each of the five *A Better Start* areas. We also hope the themes will be useful to others beyond *A Better Start* who are also interested in implementation science.

3. Learning themes (i) – mainly relating to Steps 1-4 of Quality Implementation Framework

The next two chapters are structured by learning themes. The ordering of the themes is mainly influenced by the structure of the interview schedule topics, by the stages of the bid development process, and by the numbered steps of the Quality Implementation Framework.

3.1 Spread the word that implementation is as important as the intervention

We begin with a topic that was raised as an 'additional point', towards the end of one interview: namely, that, "the implementation is just as important as the actual intervention" (I.18). This interviewee noted that the 10-year timescale of the *A Better Start* programme allows areas to be "really thoughtful" about implementation, adding:

> "I think the implementation is just as important as the actual intervention. People need to understand it and believe it. And we need to have sorted out all the systems and processes and relationships and all of that properly which you can't do with [short term grants]."

The bid development phase enabled those involved in it to understand that: positive outcomes for children and families are not created only by *what* is done but also by *how* it is done. For some, this was a new way of thinking:

> "Lots of people [in this area] were very familiar with lots of programmes and lots of ideas but not really thinking about *how the delivery of* those programmes and those ideas was going to make the change in the outcomes we were getting. [...] In the last year, we've learned a huge amount about that. That's a permanent change; it wasn't there a year ago." (I.25)

The 18-month period of bid development demonstrated that there was recognition from the funder of the importance of *how* implementation happens, and that it takes time to plan well for implementation. The staged bid development process was reported as: "standing us in good stead now [during the Grant Set-up phase] because we've got a lot to build on." Equally, the 10-year timeline of the programme itself included time to create the systems needed to deliver that plan well.

In our view, the **learning** from this is that the local teams who were involved in the bid development phase need to ensure that they **pass on to new staff, partners and beneficiaries the understanding** they gained **of how important quality implementation is to positive outcomes from interventions**.

For example, during the bid development phase, all the shortlisted sites were provided with structured support for planning high quality implementation of *A Better Start* locally from the Social Research Unit's 'Better Evidence for a Better Start' (see Section 2.1.1, Figure 4). We suggest that the learning from this work could be shared in appropriately differentiated ways with new staff, partners (including partner workforces) and with local parents and parents-to-be to help spread the message about the importance of the quality of *how* things are done, as well as of *what* is done. This could include sharing what was

learned about the importance of implementation from Section 4 of the document, *What Works: An overview of the best available evidence on giving children a better start (version 1.0)* (Axford and Barlow, 2014). [12]

Across the areas, it was clear that the implications of this for workforce development had been noted (Figure 7).

Figure 7: Workforce development: focusing on the 'how' of delivery

- ***How* practitioners talk to parents when sharing the importance of using evidence to guide action**
  - One area planned to work on *how* practitioners talked to parents – for example, about stages of brain development ("all that brain science stuff"): There was a recognition that, "we need consistency of message" which included the, "underpinning of all that evidence" (I.22).
  - In another area, the importance of *how* information about breastfeeding was conveyed to pregnant women and new mothers was taken on board; there was a new awareness that telling mothers what they should do was, "the wrong approach for the people you are telling" (I.32). Instead, the information would be shared in ways that encouraged breast-feeding whilst respecting each mother's individual circumstances and choices about feeding her baby.
- ***How* the workforce is encouraged to introduce systematic evaluation**
  - In one area, the importance of the, "way of working" was emphasised (I.26) – for example, when introducing systematic evaluation, there was recognition of the need to establish an "ethos" of the workforce "learning from [everything they do] as well as collecting information" and to ensure that staff were aware that, alongside the data, their feedback might drive changes in work practices.
  - In another area, the point was made that, "Just because someone is an expert [in a programme] and is delivering out there […] doesn't meant that it's being delivered in the best way or that it's being true to the way that the [programme] developers wanted it to be." (I.30) (The local example given a programme to address domestic abuse).

Source: *Interviews, autumn 2014; examples from four areas*

3.2 Engage and motivate using the *A Better Start* concept and vision

Across all five areas, and all interviewees, it was clear from what interviewees said that the *A Better Start* vision, as articulated by the Big Lottery Fund in its call for Expressions of Interest and afterwards, motivated people to get involved. What was it about the *A Better Start* vision that 'hooked' individuals in to the partnership effort required to put together a bid? The findings from these interviews suggest that it was the focus on better lives for children, the concept of early intervention expressed as getting it right

[12] During the Grant Set-up period (i.e. beyond the focus of this report), the Big Lottery Fund also commissioned the Social Research Unit to provide training on service design which highlighted the importance of the quality of implementation. Sharing the rationale for doing service design work could also be part of spreading the word about implementation being as important as the intervention.

from the start; the focus on prevention and universal[13] provision; and the focus on evidence-based practice.

Step 1 in the Quality Implementation Framework is to conduct a needs and resource assessment. The Framework authors[14] state that the important questions to ask at this step are:

- Why are we doing this?
- What needs will it address?
- What part/s of [the area] and who in [the area] will benefit from it?

In our interviews, when people talked about why they became involved and what they thought about the conceptualisation of *A Better Start*, their responses were, in effect, initial answers to these questions. They wanted to be involved because the programme would address local needs in universal ways that would benefit the local population. For example, one parent (I.14) felt that the vision was, "mirroring" her thoughts about, "getting it right from the start", something she, "held dear anyway". The universal focus was also, "really exciting":

> "One of the things that was really exciting for me is that it was going to be universal; that it wasn't going to be targeted. It wasn't just going to be people on low income or just people from a certain background, it was going to be everyone [i.e. in the identified wards]: everyone can benefit from this. […] So you don't get, 'your neighbour gets this and you don't'." (I.14)

A professional who was interviewed explained that she was attracted by the, "focus on prevention", by the opportunity to have, "the time and money to show prevention worked", explaining that, "a big motivation" for her was that *A Better Start* offered, "a once in a lifetime opportunity to really make the shift" around local health inequalities (I.17):

> "I have lived in [area name] for 35 years so a big motivation for me was the health inequalities. We've actually recently seen in [area name] an increase in the gap with our life expectancy. We kept saying [*A Better Start*] was a once in a lifetime opportunity to really make the shift. I think that is what made us determined." (I. 17)

Figure 8 is a summary of aspects of the vision that were perceived as engaging and motivating.

[13] "Universal" was used by interviewees. The Big Lottery approach in *A Better Start* is "proportionate universalism" where universal action is offered "with a scale and intensity that is proportionate to the level of disadvantage" (*A Better Start* definitions document, June 2016)

[14] All references to the questions linked to each Step in the Quality Implementation Framework are to Table 3, pp469-470 in Meyers, Durlak and Wandersman, 2012.

Figure 8: The A Better Start vision: engaging and motivating aspects

Each bullet point relates to one area. An area can be represented by more than one bullet point.

People were engaged and motivated by the vision for *A Better Start,* viewing it as:

An opportunity to build on foundations already laid locally including, for example, building:

- On existing local commitments to early intervention by bringing in a focus on primary prevention.
- On local *thinking* around early intervention and prevention to enable *action* to address local need, as evidenced by local data.
- On local efforts to have health targets included in children's centre work.
- On local experience of service redesign.
- On local aims to work collaboratively across public, private and VCSE sectors for the benefit of local children.

An opportunity to work differently; for example:

- To work for long-term local policy change and systems reform.
- To transform services.
- To be able to undertake this large 'invest to save' programme.
- To work preventatively, rather than reactively.
- To have a commitment to a 10-year period, rather than the norm of short-to-medium term plans and funding.
- To test and learn within a ward-based investment and to roll out successful work to the whole area.
- To use the principles underpinning early intervention and prevention to do things differently in order to address local poor outcomes for children:
    - 'Differently' here meant:
        - Being creative.
        - Selecting programmes locally to address the needs of local children.
        - Testing what works and changing things that do not work.

An opportunity to focus on the youngest age group

- To focus on children in their earliest years.

Source: *Interviews, autumn 2014: composite list drawn from five areas*

A small minority of interviewees mentioned aspects of the vision they found harder to align themselves with. For example, one person thought the focus on Diet and Nutrition as an outcome domain should have been broader, to include other aspects of physical health, and some interviewees mentioned disappointment that the focus on the 0-3 age group excluded work with school-age children and young people. (There was recognition that this work could be carried out locally, but it could not be funded by the *A Better Start* money.). One person reported a sense that, as the bid process went on, "it does feel

sometimes that that primary prevention element has become more and more targeted" (I.19). These were minority views: overall, the strong message was that the Big Lottery Fund's vision for *A Better Start* was regarded as being clear, appropriate and engaging.

The **learning about the power of the *A Better Start* vision to engage people** is the importance of **keeping the core vision central to all activity**. Keep it alive: use it to engage and motivate new staff, existing staff, partners and beneficiaries. Relate it directly to the local answers to the three key questions associated with Step 1 (needs and resources assessment) of the Quality Implementation Framework: Why are we doing this? What needs does it address? Who all will benefit from it?

Keeping a focus on vision and purpose in this way is also recognised as a function of effective leadership (Adair, 2007). In our view, sharing the local answers to the three key Step 1 questions should be part of the job of all those in every level of leadership role related to *A Better Start* in each area. During the bid development phase, local work on identifying and understanding data on area needs (area needs profiles), on working out how these needs were currently being addressed (local interventions) and how much local funding was spent addressing them (fund-mapping), all came together to form a clearer-than-ever-before picture of the need for change, and for a new vision and purpose in working together across sector boundaries, to improve the life-chances of local children. This created a local imperative for the preventative and early intervention approach of *A Better Start*. We recommend that this local imperative should continue to be communicated clearly as part of the message that is used to engage and motivate the many people who need to be enthused to make the vision a reality.

3.3 Articulate how a ward-based investment will benefit the whole area

The selection of the wards, which were to be the focus of *A Better Start* in each area, took place during the Expression of Interest stage. In our view, this was a critical decision, taken very early on in the bid-development process. The accounts we were given of how this selection took place showed that, to a large extent, selection was driven by data on local need but that other issues were also taken in to account. For example, in one area, interviewees indicated that data on local need, the requirements relating to ward choice set out by the Big Lottery Fund, local politics, and a desire to include geographically and demographically diverse areas each influenced ward choice, whereas data about how ward boundaries interacted with, for example, clinical commissioning groups and health care trusts were not taken into account. If need alone had been the basis of the decision, it was reported that, in this area, it could have included, "14 or 15 out of 20 wards" (I.19).

Figure 9: Selecting the wards: how it was done at the Expression of Interest stage

Each bullet point relates to a different area.

- "Several meetings" were held to select the wards; decision made before the lead partner was involved: took into account diversity of population (to enable more testing of what works with whom), local need, and local politics.
- A partnership meeting of Council , LA, health and voluntary sector partners chose the wards together on the basis of ChiMat data[15] and locally held data.
- A detailed analysis of data in the local Joint Strategic Needs Assessment was presented as a written paper to the Director and Children's Services lead of the voluntary sector lead organisation and to the Leader of the local Council. The paper, recommending wards where the local outcomes were worst, was accepted and approved by the local Council.
- Detailed analysis of local data was used to reach agreement on the selected wards.
- The local public health team drew on all the local data available and selected the most deprived wards.

Source: *Interviews, Autumn 2014: information from five areas*

The process of selecting the wards can be interpreted as **Step 2** (Conducting a fit assessment) of the Quality Implementation Framework. The Framework authors identify the important questions to ask at this step of the process as follows:

- Does the innovation (i.e. the proposed new activity, in this case, *A Better Start*) fit the setting?
- How well does the innovation match:
  - The identified needs of the community?
  - The organisation's (i.e. bidding partners') mission, priorities, values and strategies for growth?
  - The cultural preferences of groups/consumers who participate in activities/services provided by the organisation/community?

Interpreting the selection of wards in this way suggests that it was appropriate that level of need was not the only influencing factor in this key decision. However, reflecting on our data about this topic, we believe that the relevant **learning** implied is that **attention needs to be paid to how the investment in specific wards is communicated and justified to the wider population in the local authority**, especially given the desire for systemic change and eventual scale-up of what works well. If that degree of systems-change is to be achieved, we argue that there will be a continued need to keep all of these wider partners on board, perhaps especially in the early years of the programme, that is, the period when they are not getting a direct slice of the *A Better Start* investment.

[15] From the National Child and Maternal Health Intelligence Network

Interview data provided some evidence to suggest that this was beginning to be addressed, in part through the sharing of learning from the bid-development process to benefit decisions about practice across the whole authority. For example, in one area the bid development team shared learning about evidence-based practice from the bid development process with others, which led to the local clinical commissioning group commissioning a new emotional health and wellbeing team for children, and an accident prevention programme. This is an example of ensuring that benefits from the ward-level investment are shared across the authority. (See other examples in Figures 11 and 12).

Describing the process of selecting the wards prompted some interviewees to raise another issue: gaps in local data. For example, in one area, the bid development team became aware of the gaps in ward-level data across the partnership: some data did not exist; other data existed but could not be easily accessed or used, except by the team who collected it. This impacted on the ability to assess needs and resources (Step 1 of the Framework) and to assess local fit (Step 2 of the Framework): "We recognise that we really struggled with data and that it was a major issue across the partnership" (I.1). By implication, the gaps in data affected the choice of wards. Reflecting on this finding, we draw out as a **learning** implication that **good data support quality implementation by providing a basis for decisions**. Figure 10 provides examples where particular strengths in local data supported ward selection decision-making.

Figure 10: Examples where particular strengths in local data supported ward selection decision-making

- One area reported having to hand data from health on, "that particular population [parents of 0-3s] on how they view current services and what their gaps might be"; and data from the LA that gave a clear picture of the different wards selected in terms of differentials around breast-feeding rates, housing types, population (stability versus turnover; ethnic composition). Together, these data sources supported the decision made about ward selection and other content in the Expression of Interest.
- Another area, accessible Public Health intelligence (i.e. epidemiology and health statistics) made it "relatively easy" (I.11) to pull up data to show where need was that matched the parameters of the bid. In addition, the LA was described as, "a local authority full of rich data" that enabled them to carry out a "very useful" local needs analysis (I.81).

Source: *Interviews, autumn 2014: examples from two areas*

Although data on local needs were not reported as the only factor influencing the selection of wards, our view is that any selection of wards that was weak on local data about needs could become contentious locally, given the substantial amount of money being invested in specific wards. We argue that this reinforces the importance of the main learning point in this section: the need to articulate clearly and continuously how a ward-based investment will benefit the whole area in order to prevent the possibility of a divisive 'us' and 'them' attitude developing towards *A Better Start* wards.

In at least one area, the need to articulate the area-wide vision was recognised from the start:

> "[The bid development] has been done in parallel with district thinking. We've not been a project, a potential 10 year project over here in these three wards. [...] We have been central to [area]-wide thinking. [...] From the start we've been key: it's not been about, 'This is a project'; it's been about the [area]." (I.7)

The following figures summarise actual (Figure 11) and planned and predicted (Figure 12) benefits to the local areas arising from the bid-development process. These are illustrative of the much greater area-wide benefit that can be expected from the much greater ward-based investment of the *A Better Start* grant.

Figure 11: Area-wide benefits as a result of the work done on the bid

Each bullet point relates to one area. An area can be represented by more than one bullet point.

Examples of benefits reported as having happened:

New thinking

- Early Years[16] was on the agenda of the system leaders locally in a way that it never had been before.

New provision

- The local Clinical Commissioning Group supported the formation of a new Emotional Health & Wellbeing Team for Children and an accident prevention programme.
- The introduction of the Family Links ante-natal programme across the LA.

Informed workforce development

- In two local reviews around child development, local commissioners had taken on board the need for clarity about role remits across the workforce.
- The introduction of an evidence-based approach to training because of A Better Start: all Early Years staff across the LA undertake endorsed training.

Informed local strategy

- The local review of the Council's early intervention strategy newly included the children's centre programme.
- The A Better Start approach was embedded right from the start of the [local] implementation of the Integrated Care Pathway.
- Adopting a joint approach across Health, Council, Public Health and VCSE when reviewing the area-wide Early Years strategy.
- Children's centres were protected from budget cuts.

Informed local commissioning

- Local commissioning was newly influenced by the need to consider different types of evidence for different programmes and the implications of that evidence for their delivery in practice.
- The children's centre specification going out to tender was shaped by the thinking and learning from the A Better Start bid process.

Enhanced cross-sectoral working relationships

- Including Public Health in the bid had cemented the public health team into the local authority.

[16] We recognise that the early years' sector is, itself, made up of private, public and voluntary sector provision.

- Relationships improved between local authority and health colleagues on the ground
  - the health visitor implementation programme was integrated with the Council's family support work.
  - LA staff were working with the midwifery team to support breastfeeding through community breastfeeding cafes and by training peer supporters to run these cafes.
  - community food workers were supporting activities in children's centres around healthy eating messages.

***Source**: Interviews, autumn 2014: examples from five areas*

Figure 12 provides examples where interviewees believed that area-wide benefits would arise from the learning and work done in the bid development phase.

Figure 12: Area-wide benefits planned and predicted as a result of the work done on the bid

Each bullet point relates to one area. An area can be represented by more than one bullet point.

Examples of benefits planned

To inform workforce development

- Early Years workforce development staff, having recognised the benefits (improved signposting; improved cohesion) of regularly bringing together all professionals and practitioners who worked with Early Years, intended to continue this practice.

To inform service design

- The local perinatal mental health service was to be redesigned, specifically because of input from an expert consultant during the bid development.
- A speech and language therapist who work on the bid became increasingly confident of the importance of preventative work around language and communication. The plan was to continue this and to extend it outside the A Better Start area too.

To inform organisational strategy

- One VCSE lead organisation planned to adopt in other areas of the country the bid model of working at strategic level with local authorities.
- Local authority-wide work was to be informed by the success of having used local parents to undertake community consultation: the plan was to build on this success by working with and through parents across the area.

To inform local commissioning

- The commissioning of a coherent range of co-produced services to support language and communication development was being jointly planned by local authority and health colleagues.

Examples of benefits predicted

- The scaling up of what works in the A Better Start areas to the whole LA.
- Reduction in costs incurred by statutory providers.
    - "Once we've proven what we're doing works, it will be easy to take that to scale [because it is a small authority]". "Ultimately, [...] not only get better outcomes for the kids and parents [of this area] but also to slim down the cost of the statutory providers as a result of that, which is what we need to do. We're being forced to do that – so let's at least be delivering a good product at the end with what we've got left rather than just less of what we're currently doing." (I.27).
- Benefits arising across the area from the strategic partnership of Council, Health and VCSE lead organisation, and of the shared plan to transform systems.

Source: *Interviews, Autumn 2014: examples from three areas*

3.4 Keep questioning, listening and learning together

Analysis of the interviews showed that in assessing local needs, resources, and fit (Steps 1 and 2 of the Framework), as part of the bid development process, interviewees described new understanding about local need being developed as a result of:

(a) Listening to local parents and grandparents.

(b) Talking to/bringing together a wider range of people than usual.

(c) Collecting/reviewing local data.

The need to be, "led by the community", to create, "something different that had to be of value to the people in [area]" (I.11), demanded that professionals involved in the bid development worked in new ways. They responded by creating spaces and ways to bring together a wide range of people (including local parents) to be involved in planning and decision-making regarding the bid (Figure 13).

Figure 13: Structures for bringing people together across role and hierarchical boundaries

These structures were informed by the 'Governance' document provided by SRU.

- Partnership meetings/Partnership Board - public sector and VCSE sector.
- Community Partnership – representatives from bid team and community, including parent representatives.

These 2-day events were facilitated by SRU in each of the five areas

- Strategy Days - system leaders alongside bid team and community representatives, including parents

Source: *Interviews, autumn 2014: all five areas*

From interviewees' descriptions of the bid development process, we found differences between the five areas as to the stage in which parents were first closely involved. For example, in more than one area, this happened at Stage 1 (the long-list), usually by drawing on existing community groups; in others it did not take place to any great degree until Stage 2 (the short-list).

Figures 14 -16 provide examples illustrating how and when parents were closely involved in different areas.

Figure 14 provides an example where a core group of parents became involved early on in Stage 1 and stayed closely involved throughout Stage 2.

Figure 14: Example 1 of how and when parents were involved

At Stage 1:

- Inaugural **Community Partnership** meeting held during first week of Stage 1. One parent, who was invited to attend that meeting by the local nursery manager in one of the A Better Start wards, continued to be involved, as a parent, into the Set-up Phase. Overall, 20 parents were involved in the Community Partnership. Of them, four parents and one grandparent were viewed as the core of that group.
  - "The process has helped them [these core parents] personally. By being involved it's had a huge impact on their lives". Gave an example of the beneficial effect of that involvement on one parent: "She feels so much more confident now." (I.36). Two other interviewees concurred: "She feels listened to." (I.30); "She's valued." (I.28).
  - The increased confidence of the 'core group' of four parents, was viewed as illustrative of what could happen for many others:

    > "The confidence that those four parents have gained through the process has been absolutely phenomenal, to the degree that they actually did a presentation at the strategy day, They opened the strategy day, telling of their journey to the Lottery, to the system leaders and everybody in the room. It was so emotional. [...] They did a fantastic job. They're raring to go. When we first met them, they didn't want to speak. They kept putting their arm up to speak. Now they speak like I speak. It's fantastic, even just for these four parents. I look at them and I think, 'In a way, this Better Start journey has changed those parents so much into the confident people that they are today. Could you imagine what it's going to be like in 10 years? How many parents' lives we're going to change!'[...] When I look at these parents, I want to give that to everybody." (I.28)

At Stage 2:

Parents, recruited by invitation, were involved in Outcome Groups. Example of recruitment was through a speech and language therapist who ran a 'Let's Talk' course in different nurseries. Her role in training practitioners and parents in the community meant that a number of parents became involved in the bid development process.

Source: *Interviews, autumn 2014: example from one area*

Figure 15 provides an example of some parents being trained in ethnographic research to enable them to find out from peers why they used or did not use local services for parents of 0-3-year olds.

Figure 15: Example 2 of how and when parents were involved

At Stage 1:

- Partnership meetings – parents invited through links to existing parent groups and forums

At Stage 2:

- Partnership Group.
- Outcomes Groups.
- Community Engagement activities.
  - including training some parents to do "mini-ethnographic research" (I.22) to gather views of peers.
  - learned from that about the power of using local parents to engage other parents that do not come into services:

    "We want to move away from pushing services onto parents to parents wanting them and asking for them. [...] It's about coming back and thinking about it in a different way; about how you empower parents and how you create or utilise those natural community champions." (I.22)
- Strategy Days.

Source: *Interviews, autumn 2014: example from one area*

The example in Figure 16 illustrates how, at Stage 2, efforts to reach out to previously untapped parent audiences resulted in parent representatives on the Partnership Board who were not already involved as parent representatives for other organisations.

Figure 16: Example 3 of how and when parents were involved

At Stage 1:

- Through Children's Centres.
- ***At Stage 2:***
- Adopted an asset-based approach (building on what you have) to reach out from the parents and professionals known to the bid development team to others known to them, and so on, in turn:

  "The expectation is that that kind of cascading approach – recognising who you've got, what they bring, what they want to offer and working with that – takes you to places that you don't reach otherwise." (I.7).
- Used a roadshow to get "out into the far reaches". All the parents on the Partnership Board were "new to us" partly because, as parents of 0-3s "they are very often not active in the governance of local organisations". (I.25).
- Ran a masterclass on early attachment (twice):

  "It was for practitioners but also parents and people from the community and other people from voluntary organisations." [...] Not only is that saying that these subject areas are really important, 'Look, we've got national and international figures coming to talk to us about it' - [...] but we're also saying, 'You are really important because we want you to come and we're trying to sort [this issue] because it's local'." (I.25).
- Parents involved in doing the community consultation: "They've grown" because of that; "The whole ownership of its shifts", "They're developers." (I.7).

Interviewees reported that listening to local parents, including fathers specifically, and grandparents, led to new understanding of local needs, resources, and potential fit of *A Better Start*. For example, in one area, new learning from listening to parents included:

- How much fathers wanted to be involved with their children and how difficult that could be, especially for separated/divorced fathers.
- That referral processes could be perceived as a barrier to accessing services.
- That parents preferred professionals they knew and trusted to introduce them to a new service, rather than simply refer them.
- That parents wanted services to be much more coherent and joined-up.

In another area, improving the local environment and play areas emerged as a, "top priority" for local families and so became a strand in the local bid. Broadly similar, although locally specific, learning occurred in the other three areas too, because of listening to parents' views. One implication of this for **learning** is, we believe, that **it is worth continuing to coproduce the work** with local mothers, fathers

and grandparents: keep on questioning, listening and learning together. As well as enriching the work of Steps 1 and 2 (assessing needs resources and fit), we think this will also enhance Step 5[17] of the Framework (obtaining explicit buy-in from critical stakeholders and fostering a supportive community/partnership climate). Figure 17 gives examples of new learning from across all five areas.

Figure 17: Examples of new learning from listening to parents' views

Each bullet point relates to one area. An area can be represented by more than one bullet point.

New learning included:

- That it was valuable to seek out and include the voice of fathers as well as mothers.
- That it takes skill and commitment to reach out to fathers and to enable them to voice their opinions.
  - That area included a Father's Worker, working in partnership with the Fatherhood Institute, in their proposed programme team for this reason.
- That systematically canvassing parents' views had the additional benefit of making parents feel valued and therefore more willing to provide their views.
- That most local parents canvassed were not dissatisfied with the services already offered.
- That grandparents, as well as parents, could offer support to families with children aged 0-3.
  - This led to grandparents being included in one area's paraprofessional workforce model.
- That a previous local decision to cut outreach workers from children's centres had led to increased social isolation, especially amongst those who were also new to the area.
  - This led to the inclusion of a befriending role in that area's bid.
- That mothers- and fathers-to-be would value the opportunity to meet new parents before the birth of their own babies.
- That improving the local environment was a top priority for local parents.
  - Work to improve the local places where children lived and played was included in that area's bid because of this.

Source: *Interviews, autumn 2014: examples from five areas*

The learning benefits of talking to, and bringing together face-to-face, a wider range of people than usual in various partnership structures (Figure 18) and at the strategy days[18] (Figure 19), were also demonstrated in interview data. The following quotation represents the views of interviewees from other areas too:

> "Having the system leadership in place at the same time as with everybody else, so they could see and hear and feel what it was like. […] [The strategy days] created potential for real change.

[17] Step 5 is discussed in more detail in Chapter 4.
[18] The strategy days were facilitated by the Social Research unit.

[…] I really did get the feeling that there was a commitment to a longer term system change and working differently and doing things together far more." (I.14).

Figure 18: New learning from bringing people together across role and hierarchical boundaries

Each bullet point relates to one area. An area can be represented by more than one bullet point.

Examples relating to Cross-sector Partnership meetings/Partnership Board

- New learning about working in partnership arose from the Big Lottery Fund requirement for a VCSE sector organisation to lead the bid and to achieve sign off of a partnership agreement, as well as of leverage funding.
- Having to obtain senior leader buy-in at Chief Executive level was something that had not happened locally before on previous bids for external funding; required bid leads to explain how the bid related to local needs.
- Developed a new, shared understanding about primary prevention, and about secondary targeted prevention.
- Bringing VCSE and public sector together helped mutual understanding of normal funding constraints on each; and that this bid took away the "barrier" of medium-term planning (3-5 years) so "we can look long term" (I.15)

Examples relating to Community Partnership structure

- Learned that there were many services delivering to the local population but that it was not coordinated, resulting in overlap and gaps. "We need to join together more, to make a more fundamental change." (I.28)
- Learned about the need to examine the quality of what is delivered (including its evidence-base) but also the quality of how things are delivered[19].
- Understood the value of co-producing services for parents with parents.

Source: *Interviews, autumn 2014; examples from four areas*

[19] See also Chapter 3, section 3.1

Figure 19 summarises the findings from the interviews in terms of new learning arising from bringing people together across role and hierarchy boundaries during the two strategy days facilitated in each area by the Social Research Unit (the days are discussed in more detail in Chapter 5, section 5.2.2).

Figure 19: New learning from bringing people together for the strategy days

Each bullet point relates to one area. An area can be represented by more than one bullet point.

Examples relating to local Strategy Days

- Learning from parents the sense of isolation they felt – backed up by the Area Wellbeing survey – informed the bid.
- Learning from partners about the, "different pulls that different parts of the partnership have" (I.22).
- Adoption of the public health model presented by public health partners at local strategy days.
- Learning about the need to have a consistent message and a coherent approach to the workforce; and an underpinning theoretical model to ensure the workforce have the right skills.
    - In another area, similar learning about consistency provided, "the overarching comms [communication] message: 'We want to support and develop parents to be the best they can possibly be'." (I.12).
- Learning that there was too much duplication – "too many doors"- what parents wanted was "No door is the wrong door" and "You only want to tell your story once" (I.32).
- Some ways of delivering services were perceived as patronising by parents, but professionals had thought these services were working well.
- New learning about the reasons why local amenities were not well used by local families.
- New understanding by senior partners of the value of having parent representatives on the Partnership Board.
- Demonstration that shared thinking across role boundaries: "When the system leaders were coming together they were actually supporting and echoing what the community wanted" (I.17).
- Learning about the power of a shared agenda: strong commitment gained from the community by the fact that senior leaders stood up and gave their commitment to change and to ask for community involvement in what that change would look like.

Source: *Interviews, autumn 2014; examples from all five areas*

The **learning** point that we draw out here extends the previous point: to keep learning, you **have to keep on listening to others and bringing people together across hierarchical and organisational boundaries to co-produce new solutions to entrenched issues.**

The bid development process also involved collecting and reviewing local data in each of the five areas, sometimes in new ways, which was described as leading to new awareness of local needs. Both the Stage 1 requirements to gather local data, and the Stage 2 fund-mapping work, were viewed as particularly fertile data-based activities. The fund-mapping was a required part of the work with SRU and

informed by their template. Interviewees from two of the five areas in particular were very positive about the value of that work. In one of these areas, the exercise evidenced the need for system change:

> "I don't think we would have done that and I think that really changed things; it's certainly given us the platform to evidence system change in terms of money. So in terms of moving money across the system those things really changed for me." (I.12)

> "The fund mapping helped that early intervention and prevention thinking. I don't think it had necessarily been done before at quite that level of detail. I think people knew the argument that spending early on, on good child development, might lessen the impact of some of those negative outcomes later in life, but I don't think in terms of level of investment – you're only spending £1000 a year on a child under 3 compared to £5500 on a child who is 15 – it hadn't really been laid out like that." (I.19)

In the second of those areas, the value of the knowledge gained from the fund-mapping was recognised: "the fact that we understood our funding locally was huge" (I.17). New thinking for the Council overall came from the fund-mapping exercise: "The fund mapping was excellent. [...] That was a real eye-opener" (I.36). It was also viewed by the VCSE lead organisation as "a useful tool" (I.30) that helped to convince other people. Finally, it helped, "to put Early Years on the map" (I.28) for those who were not already passionate about the importance of children's early years.

The evidence for local need uncovered by local data analysis was not all perceived as fitting within the *A Better Start* remit. For example, in one area the level of chronic disease amongst children was highlighted (asthma, epilepsy, diabetes), which led to local work to address the management of these that may otherwise not have happened. An implication for **learning** is, in our view, that **the collection and use of data can lead to new understandings of local need** – and also that these needs must be addressed, if not by *A Better Start*, then otherwise.

It was also clear from the analysis of the interview data that the processes of talking and learning together, required by the bid-development phase, got those involved in each of the local areas to identify where they were sure there was local capacity and readiness to change (Step 3 of the Quality Implementation Framework). The questions associated with that Step – essentially, 'Are we ready for change?' – were answered with a resounding, 'Yes, we are ready to change'. Interviewees from all five areas spoke of this; for example, the "determination" to make the change (I.14), "the commitment to the community" to "take a number of the programmes forward" (I.18).

3.5 Attend to (changing) context: mitigate against known risks to outcomes from the start; repeat implementation steps when change happens

Interviewees from each of the five areas were very aware that their *A Better Start* programme would take place in the specificity of their local context, and that that context would change over time.

Interviewees described how the specific local contexts in the five areas were taken in to account in the planning developed through the bid development phase. For example, one area created a 'local fit' stage in their process for selecting interventions to name in their bid. However, our understanding from all the interviews was that the overall framework of *A Better Start* was not adapted to create a better fit with each local area; rather, each area fitted their bid to the overall framework. For example, one area initially

identified from its local data analysis two additional child outcomes of interest but, later in the process, subsumed these within the existing *A Better Start* child outcome domains, plus systems change. Figure 20 illustrates the spectrum of local fit.

Figure 20: The spectrum of local fit with the A Better Start framework

Each bullet point relates to one area. An area can be represented by more than one bullet point.

- **Perfect fit.**
- The A Better Start concept, "was completely the way we were thinking anyway. Everybody was very signed up to the prevention/early intervention agenda. [We understood the age group, the outcomes, the evidence, and the principles.] They were principles we were working to anyway, locally, based on needs and inequalities and evidence-base" (I.10).

Adjustments made to ensure local fit

- Managed work with external partners (SRU) so as not to lose their own local vision.
- Worked with partners locally to achieve in other ways local aspirations brought to the surface through the bid development work but which did not fit within A Better Start.
- Adapted the SRU's 'What Works' evidence framework to assess potential programmes [2 places].
  - "We completely pored over [the What Works evidence document], with some other compendiums of evidence, and looked at every single thing through the lens of [name of area]: 'What's our need? What's our population? Is this likely to work for us? Is this one of our priorities?'" (I.12).
  - "We assessed [...] innovation-based, science-based interventions that were happening locally [...] in a very similar way [to what had been done in the What Works documents] using the [SRU] criteria around robustness of evidence, but we added one around local fit." (I.16).

Desired adjustments not accommodated

- Would have liked to add in one additional ward to achieve a bigger population base.
- Would have liked to add additional outcome/s but had to embed it/them in the specified three outcomes [two areas].

Source: *Interviews, autumn 2014; examples from four areas*

The **learning** linked to this that we draw out is that **addressing the need for local adaptation of any innovation can be useful because local fit is important.** This relates to Step 4 of the Quality Implementation Framework (Possibility for adaptation), and its associated questions about whether and to what extent adaptations should be made. While it is likely that this step may be most applicable in thinking about the implementation of specific interventions within the *A Better Start* local area programmes, it may also be worth considering in relation to adaptations over time to the overall framework for *A Better Start*. This is raised for discussion because of the implications of the issues raised by interviewees relating to **changing contexts** (discussed next).

Contextual issues related to local populations were raised in each of the five areas. One was population turnover ('churn'). For example, in two of the areas, there is a pattern of rapid population turnover (people arriving and leaving) overlaid over another segment of stable population. Potentially, we believe that such

patterns could happen in any of the five areas over the timespan of *A Better Start* investment. In our view, the **learning** from this is that **such movement requires thought because it is a known risk to achieving population-level improvements in child outcomes**. A related issue, also affecting at least two of the areas, was population movement *within* the identified wards and around the local authority. This was regarded as something to be proactively addressed through the data systems set up to monitor which individual children and families received through *A Better Start* and subsequent child outcomes. Figure 21 gives an example from one area where this was being worked through.

Figure 21: Being proactive about population churn *within* a local authority

> In one area, some wards identified for *A Better Start* investment were the site of marked population churn: "the population moving both in and out of those wards and around those wards as well". (I.19)

Tracking the individual beneficiaries of the investment (children and parents) was recognised as an issue to be addressed proactively:

> "[Tracking] will be a challenge but one we've thought about, anticipated". (I.12)

For those families moving around inside the LA, the partnership, including Education, had agreed to work together to use a computer system to track individuals receiving input from *A Better Start*.

> "It's a threat we've identified. It's a risk that we've identified to the Big Lottery and they can see that we've got plans to mitigate it". (I.12)

These plans included the strategic partnership's commitment to scale up across the local authority what worked in the *A Better Start* areas, using leverage money from Year 4 onwards. This would mean that, from that point, families leaving the *A Better Start* wards, but remaining in the LA, would receive effective services wherever they lived.

Source: *Interviews, autumn 2014; example from one area*

Trying to track beneficiaries who subsequently left the local authority area was recognised as a real challenge, with, at the time of the interviews, no identified solution. In our view, the **learning** to take from this is that **improved child outcomes should be seen as only one measure of the impact of the investment**. Other measures should include **evidence of systems change, of resources shifted from targeted to preventative services, and to evidence-based work** that is also delivered with fidelity and appropriate local adaptations.

A second issue raised by interviewees related to local populations was composition change; that is, a change in the combination of ethnicities of families living in the area wards. Given the changing composition of the ethnicities making up the population in England over the last 10 years, this issue could again potentially occur in any or all of the five areas over the life of *A Better Start*. The implication for **learning** is, in our view, that, **when such change is noticed, earlier steps in the implementation process may need to be repeated** – for example, Step 1 (conducting a needs and resources assessment) and Step 2 (conducting a fit assessment) to ensure that the local portfolio of interventions and systems change remains locally appropriate. Finally, hidden deprivation, reported as "unseen" and as happening "behind closed doors" (I.23) was reported in one area as a contextual issue mitigated by service providers deep local knowledge.: "We know we've got a diverse population but we know them very well because it is such a small patch" (I.21)

A different type of changing context brought up in some interviews relates to changes made to central and/or local government policies and funding. For example, during the bidding process, as a result of central government decisions, Public Health moved from being situated within the NHS to become part of the local authority. According to the interviewees, this proved beneficial, making it easier to work in partnership in spite of the disruption attendant upon any such major restructuring. For example, there was evidence of important learning being shared by public health colleagues about preventative approaches (regarded as the norm in that field) with LA and voluntary sector staff who mainly worked with targeted approaches. The downside of such contextual change can be the stress it puts on the system to cope with more change. In the case of *A Better Start*, the partnerships were all ready to embrace the further change involved in implementing *A Better Start* locally, despite the restructuring of Public Health into the local authority. However, in our view, there is a **learning** point here that, **when the local content changes, Step 3 (Conducting a capacity/readiness assessment) may be worth repeating** to take account of potential new stressors in the partnership.

This learning point is equally relevant in relation to reductions in local service budgets, arising as a result of local decisions about how to implement budget cuts required by central government. In two areas, the effect of cuts to public service budgets impacted on the bid development partnership in rather different ways (Figure 22).

Figure 22: Contrasting consequences of public service budget cuts on two bid development partnerships

	Example 1	Example 2
Scale of cuts	*2010-2014:* • About £5million cut from early intervention services. *autumn 2014:* • "massive, massive cuts again" (I.31) focused on universal services.	*2010-2014:* • Reactive "cut after cut after cut"; "What can we stop doing? What can we slim down?" (I.27). *autumn 2014:* • Another £7.5million cut.
Public sectors affected	Local authority in particular	Local authority and Health
Impact on bid development	• Made it very hard to convince partners to commit leverage money. • Made commitment to a single Bank challenging for partners.	• **Supported** the local pitch to senior leaders that money spent on prevention was better value. • Senior leaders accepted the argument for investing in prevention and early intervention.
	• Scale of redundancies made it very difficult to find anyone with capacity to backfill for those involved in developing the bid.	

Source: *Interviews, autumn 2014; examples from two areas*

Interviewees from the area used for Example 1 in Figure 22 also made two other points about the local context of public sector budget cuts. One was that austerity had affected the workforce's ability to be reflective:

> "We are in a culture and in a time where funds are being cut back, job loads are getting heavier and we just do what we've always done. …People … couldn't stop and think about what they were doing because they've just got to do it." (I.3)

The opportunity, created by the bid development work, to bring people together from across the workforce to reflect on how service delivery could be improved was, therefore, particularly valued (see Section 3.4 above).

The other point made was that the fact that *A Better Start* had to have a VCSE organisation as lead, "was a key part" in ensuring the transformation agenda would happen:

> "*A Better Start* is so fundamentally about service change, and because local authorities are in the middle of cuts, by taking it outside of local authority and Health, you've got a monitoring body that will stop the money being used in ways that maybe it shouldn't be." [...] Quite often in these things, the voluntary sector are the poor partners in it but, in this one, they are the strong partner in it. We [i.e. the public sector partners] have got to suck up to them, if you like." (I.33)

3.6 Attend to potential fracture lines

A Better Start is informed by a public health approach, defined for the purposes of *A Better Start* as:

> "A model that addresses health or social problems in a comprehensive way. It is population based and linked to a concern for the underlying socio-economic and wider determinants of health and wellbeing. It emphasises collective responsibility for health and partnerships with all those who contribute to the health and wellbeing of the community." (*A Better Start* definitions document, June 2016)

It was clear from the interviews[20] that different areas have adopted different core 'approaches' within their overall, public health-informed, models (see Figure 23). For example, one area approach was described as "tackling health inequalities" (I.6) whilst another area approach was characterised as "a straight primary prevention approach" (I.12).

[20] This was also clear from the bid documents and from presentations made at the Launch Conference in July 2014.

Figure 23: The five core approaches within an overall public health-informed model

Areas randomly ordered.

Four pillars approach:

- Public health; evidence-based interventions; system transformation; a local centre for early child development.

Appreciate enquiry/ asset-based approach:

- Public health (Healthy Child Programme as central); the Family Practice (GP primary care delivered differently); a local centre for excellence for the early years.

Ecological approach:

- Public health; health inequalities addressed; co-production.

Strengths/assets-based approach:

- Public Health (primary prevention though enhanced Healthy Child Programme); new workforce of family mentors.

Community-led approach:

- Public health; asset-based; a local innovation hub.

Source: *Area presentations, July 2014 and interviews, autumn 2014; information from five areas*

The interviews provided evidence that, to a greater or lesser extent in different areas, there were tensions within the partnership around competing views/visions for the core model. For example:

> "The broad vision, the broad idea, people were happy with. *How* we should do it, the approach, we had lots and lots of tension there – creative tension – but it was definitely there." (I.6)

There were examples where differing views were linked to partner groupings (e.g. public health versus Early Years; voluntary sector organisation versus council). Given such tensions, which seemed to be underpinned by professional or organisational identities, we suggest that an important **learning** implication is that these **underlying tensions should not be ignored**, as they are unlikely to disappear. In our view, decisions made during the bid development phase about the core model adopted may cause difficulties over time, especially as lead personnel change and/or if progress does not go to plan. Therefore Step 3 (conducting a capacity/readiness assessment) may need to be revisited, and possibly also Step 4 (possibility for adaptation), to ensure that the partnership has the resources, skills and motivation to implement *A Better Start's* local plan, and that the possibility of modifying the plan is discussed. In this way, the potential for partnership fractures along 'home service/profession' lines could be diminished by continued discussion and coproduction.

3.7 Summary

This chapter has drawn out a number of learning themes, mainly related to the first four steps of the Quality Implementation Framework (i.e. from the 'assessment strategies and 'decisions about adaptation sub-sections of 'Phase 1: Initial considerations regarding the host setting' (see Chapter 1, Section 1.3.1). The themes were:

- Spread the word that implementation is as important as the intervention.
- Engage and motivate using the *A Better Start* concept and vision.
- Articulate how a ward-based investment will benefit the whole area.
- Keep questioning, listening and learning together.
- Attend to (changing) context.
- Attend to potential fracture lines.

The following chapters draw out learning themes related to Steps 5 to 8 of the Framework (i.e. from the 'capacity building' sub-section of Phase 1 of the Framework).

4. Learning themes (ii) – mainly related to Steps 5-8 in Quality Intervention Framework

This chapter is about learning themes that can be linked to the 'capacity building strategies' section of Phase 1 of the Quality Implementation Framework, that is: Steps 5-8[21].

4.1 Lead and maintain the partnership

The Quality Implementation Framework does not have a specific step related to strategic leadership[22]. The existence of a strategic lead person or persons is implied, rather than specified. In previous work evaluating the scale-up of evidence-based parenting programmes across England, we identified the critical importance to quality implementation of both strategic and operational leadership[23]. At the very first stage (Expression of Interest stage), the bid development process required of bidders that, initially, a strategic lead person be identified from within the local authority, as well as that a voluntary sector organisation be identified as willing and able to take on leadership of the partnership. Three of the five areas selected their respective lead VCSE organisation through an open, formal process starting with invited Expressions of Interest. In one case, where the invitation went out only to organisations already known to the LA, only one organisation responded. In another case, where the invitation was nation-wide, the number and quality of responses resulted in a competitive process of short-listing and interviews. The other two areas used a closed process, agreed locally, whereby only one organisation was approached to take on the role. Figure 24 provides a composite list of reasons for choosing a particular organisation.

[21] For an overview of steps in the Framework, see Figure 3 in Chapter 1, section 1.3.1.
[22] Operational leadership is included in Step 9.
[23] Lindsay, G., Strand, S., Cullen, M.A., Cullen, S.M., Band, S., Davis, H., Conlon, G., Barlow, J., Evans, R. (2011). *Parenting Early Intervention Programme Evaluation*. Research Report DFE-RR121(a). Lindsay, G., Cullen, M.A. (2011). *Evaluation of the Parenting Early Intervention Programme. A short report to inform local commissioning processes*. Research Report DFE-RR121(b). London: Department for Education.

Figure 24: Composite, summary list of reasons why lead VCSE organisations were selected

No area gave all of these reasons. Some reasons were given by more than one area.

- Values of the organisation chimed with those of *A Better Start.*
- Organisation had infrastructure and ability to manage size of the grant.
- Existing relationships:
  - either on a person-to-person basis or on an organisation-to-organisation basis.
- Track record of:
  - Partnership working.
  - Leading a 10-year programme.
  - Working with families with children aged 0-3 years.
  - Work in the local area.

Source: *Interviews, autumn 2014; drawn from five areas*

Thus, the lead person at Expression of Interest stage was from the local authority but at Stage 1 and Stage 2 the lead person was from a voluntary sector organisation. The evidence from the interviews indicates that this, potentially rather delicate hand-over of leadership, worked well overall, whilst being handled somewhat differently in different areas. Figure 25 gives an example where the handover was reported as having been carefully managed.

Figure 25: Example where the handover of leadership was perceived as having been handled well

In one area the hand-over and its implications were described as having been thought through from the start, including, "what that would mean for our [i.e. LA – VCSE organisation] working relationship" (I.4).

> '[The local authority leads] managed that [handover] really carefully and really successfully. I remember [Name] time and time again after meetings just hanging back and saying, 'How's it going? How's it feeling?' Just checking out how we were picking it up; how it felt to us; were they letting go sufficiently or too much? All that balance stuff you have to do." (I.7)

Source: *Interviews, autumn 2014; example from one area*

An interviewee in a different area to that used in the example in Figure 25 above, indicated that initial expectations as to what leadership from the appointed VCSE would look like had to be adjusted and a point reached where the LA and the VCSE sector organisation each worked to their separate strengths. In another area, the handover of leadership from the LA to a VCSE sector organisation was novel for both parties and was variously described as, "a good learning experience" (VCSE perspective) and as, "It's

driving me nuts!" (LA perspective)[24] Overall, however challenging or well-managed the transition of leadership was, four benefits of having a VCSE sector organisation as lead partner were reported:

- Ability to create/build on strong links to local community groups and families.
- Ability to create/build on strong relationships with local universal and targeted services.
- Ability to offer challenge to the statutory sector from a position of lead partner (i.e. 'insider') with a VCSE sector viewpoint (i.e. 'outsider')[25].
- Necessity of LA relinquishing some power to the wider partnership in support of system change (Figure 26).

Our understanding from the interviews was that it was not necessarily straightforward for the VCSE sector organisations to assume leadership of the bid process from Stage 1 onwards. VCSE sector interviewees from more than one area reported the challenge of creating a new dynamic of leadership with public sector partners used to being the ones in charge. Similarly, more than one lead organisation interviewee reported issues about persuading the organisations' own boards about the appropriateness of taking on the leadership role. In one area (it is perhaps relevant that this was one of the areas where only one organisation was approached to take on the leadership role) there was a degree of disquiet from other VCSE sector organisations about aspects of the handling of the bidding process by the selected lead organisation.

Figure 26: Example where the handover of leadership resulted in a change in balance of power

> "[Some] people in the Council were "knocked sideways" by the handover of leadership to the VCSE sector lead organisation "because we are not in control any more. [...] For me, the change has already started to happen. If I were to sum it up in a sentence, it's about the Council letting go of some power and being comfortable with it. I think that's already happening. Not everybody is comfortable, I have to say, but it is a journey we're on." (I.21)

Source: Interviews, autumn 2014; example from one area

The learning from this is, in our view, that **these early decisions about the leadership are likely to have ramifications throughout the programme**, and highlights the importance of Step 5 of the Quality Implementation Framework - 'obtaining explicit buy-in from critical stakeholders and fostering a supportive [community/partnership[26]] climate'.

Our interview data showed that a substantial amount of work was done during the bidding process to build the implementation partnership. This began during the Expression of Interest stage, built during Stage 1 and was more formally structured during Stage 2.

[24] ID number for these quotations are deliberately not provided to protect anonymity.
[25] 'Insider'/'outsider' terms were not used by interviewees; these were implied and therefore added in.
[26] 'Organizational' in the original article.

The Expression of Interest stage of partnership building was led by the local authority, specifically one or more lead officers heading up Early Years and/or Early Intervention. Each area approached this stage in slightly different ways, according to the interviewees. For example, in two areas, the LA lead people immediately linked up with their Public Health Early Years partners and together reached out to select a VCSE organisation to lead Stage 1. In two other areas, the LA leads first major link up was with the VCSE sector. In the fifth area, the LA leads called a meeting of all the LAs partners in the Early Years across LA, Health and VCSE and from there moved to select the VCSE lead organisation. In one area, the support of senior leaders in the LA was gained *prior* to reaching out to partners in health and other sectors. These subtle differences in the *order* of enlisting partners are noted here because they *may* turn out, over time, to be indicative of relative strengths and weaknesses in different sectors of the partnerships. There were also marked differences in scale of the Expression of Interest partners involved. For example, in one area, a sufficient number of partners and team members were involved to warrant the setting up of a steering group, led by the LA; whereas in another only a very small core group of people were involved. Regardless of order and scale of partnership building, by the end of the Expression of Interest stage, all five areas had a partnership that encompassed at a minimum Children's Services, Public Health and the VCSE sector lead organisation. Other groups included in one or more area's partnerships at this early stage were: other VCSE sector organisations active locally; local Council members; key teams within Health, such as health visitors, midwives and GPs; and the Police.

After the submission of the Expression of Interest but *before* the announcement of which areas had been long-listed, one of the five areas held a two-day Appreciative Inquiry[27] event. Further details are given in Figure 27.

Figure 27: Purpose and audience for appreciative inquiry event held between Expression of Interest and Stage 1

This was a two-day event, hosted by VCSE lead organisation.

Purpose:

"[The lead organisation] used it to communicate what was happening, to see who was interested, but also they did a lot of mapping through of what services are available, what's going on for our families, what do we want to do differently. Really just high-level scoping of what professionals felt this bid could be best used for, where the gaps were in [existing] provision and what we could do to fill those gaps." (I.3)

Audience:

"We made sure that [LA, VCSE lead organisation and Health] leads were included but also nominated service managers and people down [the hierarchy] because we didn't want it just to be done at top level. It had to be a flow up and down. So we had people that were frontline workers and also senior managers involved in the appreciative enquiry and in the bid process. (I.33)

Source: *Interviews, autumn 2014; one area only*

At Stage 1 (the long-list stage), leadership had passed to the VCSE sector. Interviewees' from each area described tackling partnership building at this stage in area-specific ways. This stage was characterised

[27] A model of engaging stakeholders in the co-construction of change, developed from the late 1980s onwards from work by David Cooperrider and colleagues at Cape Western Reserve University.

by efforts to engage community organisations, and included involvement of small numbers of parent representatives.

By Stage2 (short-list stage) areas were expected to create partnership-building structures informed by the Social Research Unit's (SRU's) governance model, as described in a *Better Evidence for a Better Start*[28] methodology paper. That paper specified the need for an **area partnership** of 12 to 20 members that would, "ensure [...] collective accountability for a local strategy and its impact on local outcomes and systems" (*Governance*, p1).In addition, the paper specified that each area should engage **community representation** either through including "a significant number of representatives from the chosen community" in the area partnership structure or by setting up a community partnership group. Each area was also to identify a co-ordinator that, among other tasks, would act as "secretariat to the partnership" (p5). Figure 28 below provides the different definitions of 'community' used in *A Better Start*.

Figure 28: Definitions of 'community' relevant to *A Better Start*

Definitions:

In *Better Evidence for a Better Start*

"The community is made up of people who live, learn, work, play and worship within the agreed community area." (SRU's *Better Evidence for a Better Start* "Governance" paper, p5)

In *A Better Start* definitions document

"A group of people who share common characteristics, interests or values. A community may also be defined by living in the same geographical area." (Big Lottery Fund's *A Better Start* definitions document, June 2016)

Sources: *Social Research Unit and the Big Lottery Fund*

The differences in how "community" is defined in practice in the five *A Better Start* areas will be explored further in later reports from the implementation evaluation.

The basic structures of partnership at Stages 1 and 2 in each of the five areas are set out in Figure 29 overleaf.

[28] Better Evidence for a Better Start is an adapted version of the Evidence2Success methodology developed by the Social Research Unit at Dartington, in partnership with the Annie E. Casey Foundation and the Social Development Research Group.

Figure 29: Basic structures of partnership at Stages 1 and 2 in each of the five areas

At Stage 1				
• Small core team. • Multiple stakeholder meetings.	• Executive Partnership Group. • Operational Partnership Group. • Sub-groups. • Community Group (parent reps).	• Core team. • Community Partnership meeting. • Sub-groups.	• Core team. • Partnership meetings x 3 (Statutory and voluntary sectors; parents). • Sub-groups.	• Development Group. • Sub-group. • Sub-sub-group.
At Stage 2				
• Project Management Group. • Community Partnership. • Community consultation led by local people.	• Executive Partnership Group. • Operational Partnership Group. • Sub-groups. • Parents' Advisory Board (parent reps). • Community engagement led by a voluntary sector organisation.	• Core team. • Community Partnership fortnightly meeting. • Sub-groups. • Community engagement led by community partnership.	• Project team. • Senior leaders group. • Partnership Group. • Sub-groups. • Community engagement led by LA person	• Development Group. • Sub-group. • Sub-sub-group. • Partnership Board. • Evidence Assessment Group. • Community engagement led by VCSE sector.

Source: *Interviews, autumn 2014; all five areas*

While some tensions within the partnerships were described by some interviewees, these were relatively minor: for example; sometimes communications did not cascade equally well into LA, Health and VCSE sectors; some potential partners were harder to engage than others (in one area, for example, this was schools); and not every potential partner was equally as convinced of, and enthused by, the value and ultimate success of the *A Better Start* concept. Interviewees focused more attention on what had worked well about the partnership working during the bidding process. Figure 30 provides a composite summary of factors mentioned as working well.

Figure 30: Composite list of what worked well about building the partnerships

No area mentioned every bullet point. Some bullet points relate to more than one area.

Structured in features:

- Requirements to have:
  - A draft partnership agreement.
  - A leverage agreement.
- Length of the process viewed as having strengthened relationships and commitment to the local vision for *A Better Start.*

Local strengths:

- Strength and extent of pre-existing partnerships and joint-working arrangements that could be built upon (all areas).
  - Resulted in having the key people and organisations involved from early on in the process and broadening out to others during Stage 2 events.
- LA, Public Health, and VCSE sectors co-leading the process (in one area only).
- Involvement of researchers from internationally renowned cohort study (one area only).
- Compact nature of LA (two areas only).

Community engagement:

- Success of the community partnership meetings/structures.
- Strength of community engagement.
- Number of local organisations and people involved in the process.

Source: *Interviews, autumn 2014; all five areas*

In our view, the **learning** from this is that **Step 5 (Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/partnership climate) is likely to need re-visiting, probably repeatedly, to address existing and emerging tensions within the partnerships.**

It is also worth reflecting on the fact that Stage 2 of the bid development process was described as involving many structured ways of obtaining buy-in and of fostering community engagement. For example, in one area, these structures were reported as included monthly meetings of an *executive partnership group* of "very senior staff from each of the different agencies" (I.18), an *operational partnership group* that met frequently made up of representatives from a wide range of agencies and teams, *community engagement events* that brought together local parents with senior staff from the partnership agencies, a *community parents group*, and a series of *work groups*. In addition, as in each area, there were the strategy days[29] facilitated by the Social Research Unit which, again, brought together into one place a wide mix of people representing the local community and staff from across the

[29] The Strategy Days and senior leader buy-in are covered in more detail in Chapter 5.

hierarchies operating within the partnership organisations. Every area created broadly comparable structured ways of obtaining senior leader buy-in and of fostering community engagement (Figure 29 above).

Figure 31 (below) provides an example of how one area involved local schools in helping to create a baseline picture of what life was like for local children.

Figure 31: Community engagement: example of engaging schools through pupils' views

In more than one area, schools were viewed as difficult partners to engage. One area involved three local primary schools from the proposed *A Better Start* wards in a piece of research involving small groups (8 or 9) of 10-year olds (25 in all).

The work was carried out by staff from the VCSE lead organisation. The children were asked about six topics during a two-hour structured session of creative activities and games. The themes were:

- What is good about living in [the area]?
- What don't you like about living in [the area]?
- What fun things are there to do where you live?
- What fun things do you wish you could do where you live?
- What makes your area safe?
- What makes your area unsafe?

The plan is to repeat the research in Years 5 and 10 of *A Better Start* implementation.

Source: *Autumn 2014 interviews from one area, supplemented by further detail in bid document*

Interview data from all five areas indicated that the structured engagement process was perceived positively, alongside an awareness that more needed to be done to ensure buy-in from the 'mass' of the local community (as opposed to representatives of it) and of middle managers (as opposed to senior leaders), as well as the 'mass' of relevant frontline staff. In our view, the main implication for **learning** is that there is **a continuing need for structured ways to maintain and build buy-in and a supportive climate.** We suggest that strategic and operational leaders should consider throughout what structured ways and specific events are being put in place to continue to widen and deepen the local level of buy-in and engagement; ensuring that time continues to be given to having those face-to-face conversations that were perceived as being so effective during the bid development process.

The **learning** we draw out from analysis of the interview data specifically about the engagement of local parents, is that **engaging the beneficiary parents requires specific skills.** There was recognition by some interviewees that some partners were better at coproduction with parents than others. Figures 32 and 33 provide two examples of different and successful ways that were used to engage parents in offering their views of what needs should be addressed and what potential ways of addressing them might be. The first example (Figure 32) is a voluntary-sector-led one.

Figure 32: A voluntary sector-led approach to engaging parents

In one area, there was recognition that parent engagement was not a strength of the lead organisation. The partnership commissioned, "people who knew how to do that. We had a very multi-faceted model on it. We did some fairly big engagement things with families to look at: What's going really well for them? What would they like to see differently?" (I.12). The commissioned organisation used existing providers working with parents as the route in to engaging local families in the proposed *A Better Start* wards.

One successful method used was a series of locally planned, organised and led 'travelling playground' events.

- The first such event attracted over 500 people.
- A second event in the same ward attracted 'hundreds of parents and children'. Activities to keep children entertained whilst parents contributed their views included craft activities, balloon modelling, face painting, smoothie bikes, kickboxing demonstration, a dance performance and a drumming workshop.
- In a different ward, a similar event attracted 50 local parents, plus their children (over 150 people in total). Travelling Playground events, attracting many parents and children, were held in the other identified wards also.

Parents were engaged in conversations about their views of the area and its services and their hopes for their child. These hopes were used to decorate a Hope Tree, with parents completing the sentence, 'This year I hope my child will ...'.

Source: *Interviews, autumn 2014; one area*

The second example (Figure 33) is one led by the public sector.

Figure 33: A public sector-led approach to engaging parents

In one area, the local authority had a strong track record of engaging with service users. During Stage 2 of the bid development process, a community engagement lead was appointed, bringing those skills, that experience and those relationships to the task. A number of different approaches were taken to engaging parents and listening to their views.

A set process of consultation with parents

The same set of questions was asked of parents in:

- Each children's centre in the wards identified in the bid.
- Each existing community group catering for minority group parents e.g. teenage parents, substance misuse parents, Somali parents, Spanish parents.

One key message arising from these consultations with parents was that, "they get confused by the inconsistency of messages coming from health visitors, midwives, other practitioners that they come in to contact with. […] What we need to do is to make sure that all of these practitioners have that basic underpinning and understanding about what those key messages are going to be for everybody.' (I.22)

Community events

A number of community events were held but one community event was particularly successful in engaging parents to share their experiences and views of the ante-natal and post-natal period. It was an open event, held in a large community venue, with two artists present. Parents were invited in off the street and given free lunch. It attracted a diverse, broad range of parents. Round the room were stalls focused on each of the three *A Better Start* outcomes. Conversations were focused on the Healthy Child Programme pathway and also on how best to spend the capital grant.

> "The purpose was to develop a timeline with parents of what happened from the point at which conception occurs through to when the child is aged 3 or 4. Parents would say, 'Well, actually, I didn't get that at this point on the pathway', and 'If I'd had this at that point, then things would have been different for me'. We had [two] illustrators who physically walked down the wall with parents, drawing their experiences from 0-3. It was such a powerful thing to see the dads involved, and some members of the community who wouldn't normally engage but had been lured in off the street with the promise of a free lunch." (I.9)

In the afternoon, a wide range of practitioners formed focus groups around the three outcomes, based on what the parents had said in the morning. The focus was on, 'What's already happening? What could be working better? How can we make that happen?'.

> "The point at which we took all the learning from that day, and we had our beautifully illustrated timeline the whole width of a wall as a product, that was a moment when everybody felt, 'We're doing this for the right reason. We know what the problems are and we're on the path to putting a bid together that's going to help tackle some of these issues." (I.9)
>
> "What we got [was] some positives and some negatives and some challenges for services." (I.22).

These 'positives, negatives and challenges' included a desire for:

- More services and support for fathers to be and new dads;

- Better education for teenagers about relationships and parenting skills.
- Better information about access to available services.
- Service gaps to be filled.
- Expanded support around breast-feeding.
- Improved support for parents-to-be and parents for whom English was not familiar.
- Improved support for peri-natal mental health.
- Consistent advice post-birth around feeding, diet and nutrition.
- More education about healthy eating for older children.
- Better signposting of universal services, such as children's centres, by health visitors.

Outcome Groups

Parent representatives were involved, alongside mixed groups of practitioners looking at evidence around specific outcomes and sharing their respective knowledge about what was already being delivered locally.

Parents as peer researchers

During Stage 2, some **parents were trained up to do some mini-ethnographic research**. This was a way of using parents to reach other parents whose voices would not normally be heard because they did not use services, such as children's centres or attend community groups. It was so successful that the plan was to continue to build on the approach during implementation.

Source: *Interviews, autumn 2014; one area*

The interview evidence, coupled with information in the final bid documentation, suggested that in some areas lower, rather than high, numbers of parents were 'reached' during the bid development process. The **learning** point we draw from this is therefore **to avoid generalising to 'the whole community' or 'parents' based on the views of small numbers of parent representatives** and to ensure that **fathers' views**, as well as mothers' views, are expressly canvassed and included. Efforts to reach out to the many differing segments[30] of the parent population, begun during the bid development process, will clearly need to be intensified during implementation. Figure 34 gives an example of how this was done during the bid development phase in one area.

[30] Segmentation of the population is a potentially useful approach used in social marketing.

Figure 34: Understanding the population in order to engage parents

Alongside speaking to local people, the social marketing technique of population segmentation was used in one area to seek to understand the specific characteristics of parents living in the wards identified for *A Better Start*. This uncovered gaps in knowledge about population turnover: a lack of knowledge about who was moving in and out of the area's temporary housing stock.

Population segmentation can be carried out on the basis of different factors such as:

- Geography (e.g. specific wards; specific housing estates or streets).
- Demographics (e.g. parents of children of specific ages/ different ethnicities/ different religions/ different English language skills/ different gender/ different social class).
- Behaviour (e.g. using/not using a service; breast-feeding versus bottle-feeding).
- Occasion (e.g. ante-natal; post-natal; birthdays; specific festivals).
- Lifestyle (e.g. leisure activities; regular supermarket).

Population segmentation information can be used to develop services planned around known diversity rather than assumptions or generalisations.

Sources: *Interviews, autumn 2014; example from one area; and Wikipaedia entries: 'Demographic profile' and 'Market segmentation'*

The need to understand in depth and to engage the diversity of the local population was recognised to a greater or lesser extent in bid proposals for the core implementation team, should the bid be successful. For example, one area proposed four family and community engagement workers; another one participation and engagement coordinator, and so on (area bid documentation).

4.2 Change the culture

The interview data indicated that all five areas were aware of the challenge involved in implementing *A Better Start*. Two big cultural changes were perceived as being required:

- Embedding a prevention focus.
- Embedding the use of evidence-based practice.

Embedding a prevention focus was viewed as including a shift in organisational thinking from 'targeted' to 'universal'[31] and from a reactive approach to a preventative one. In terms of partnership working, this involved mutual recognition of the different starting points of the local authority, which was a focus on targeted intervention, and of Public Health, which was a focus on universal provision to all.

[31] It was interesting that interviewees spoke in this dichotomous way, rather than of a graduated approach of universal, targeted and specialist provision. The Big Lottery's *A Better Start* definitions document (June 2016) defines "universal services" as, "Services based in the community which are available to all. Children's Universal Services include health visitors, GPs, midwives and school nurses". It also defines "proportionate universalism" as universal provision, "but with a scale and intensity that is proportionate to the level of disadvantage".

> "That focus on Early Years and the focus on prevention were new thinking for the organisation overall [i.e. the local authority]. Perhaps for a small group of voices involved in [the bid], it wasn't new thinking." (I.11)

> "Public Health, usually speaking, works at a universal level, making sure that we have a universal provision to all. Then you increase what you have to provide for the different levels of acuity that show up in families. [...] A lot of partners always look at targeted first and miss a lot of the baseline, the prevention that has to go in to all families, or else you have quite a disparity." (I.8)

There were also nuances to this. Two of the areas already had a strong local authority culture of early intervention; there, the conversations moved on perhaps more easily to thinking about primary prevention. Other areas were described as "reactive" to need. In those areas the use of the fund-mapping technique[32] was reported as being particularly powerful in helping to shift thinking towards prevention. Some interviewees also noted that the fund-mapping technique also generated much discussion about which activities counted as 'prevention' as opposed to 'early intervention'. The moral argument about investing where need was greatest was also mentioned as a counter-argument to investment in prevention[33]:

> "And we've still got our children in most need that need help so, morally, that's our children that have to be put first. It's very difficult." (I. 23)

The Big Lottery Fund grant to successful bidders was mentioned by one interviewee as being a crucial underpinning for the 'gamble' involved in making the switch from a focus on targeted interventions to one on prevention through universal provision:

> "[...] having the courage to make that flip [from "expensive targeted intervention" to "universal prevention up-front"] without the safety net of [the grant] over the next 10 years would be ... I can't imagine a Director of Children's Services taking that gamble." (I.27)

Embedding the use of evidence-based practice was viewed as requiring a change to normal public sector practice.

> "One of the things that was incredibly helpful throughout the whole process was really thinking about, 'what is the evidence?' and, 'what works?'. I think probably none of us within the public sector (perhaps Public Health do) really takes that approach. We make lots of decisions. We do lots of strategy. We are charged with spending public funding but we don't always go through the process of really thinking through what we're going to do, how we're going to do it, and what difference it makes." (I.16)

The Social Research Unit's input and papers (*The Science Within* and *What Works*) were reported as being instrumental in at least two areas in supporting the shift to examining the evidence-base for an intervention or approach to working with families. For example, one person said that it had been an, "eye-opener":

[32] Part of the SRU methodology discussed in more detail in Chapter 5.
[33] The Big Lottery stance on *A Better Start* is that the programme is about delivering progressive universalism within the targeted wards.

> "I feel like we'd been stuck in a bit of a rut, commissioning the same old things. It's opened a whole new world really." (I.22)

Another acknowledged that, without that support from the Social Research Unit around understanding the importance of the evidence of effectiveness, they, "wouldn't have been able to put a bid together that showed that we could do something different"; that normal practice had not been evidence-based:

> "We weren't really doing evidence-based practice in [area] and I suspect most places weren't. [...] We do things that look good, or things that are popular, or things that there are a lot of policy drivers around." (I.25)

In another area, it was noted that not everyone found evidence of effectiveness a convincing reason to consider adopting an intervention.

> "Some groups of people [have a] very different attitude to data and evidence. It works for some people but not others." (I17)

It was reported that strong leadership had been required to maintain the right balance between listening to community views and being guided by sound data on effectiveness.

Figure 35 presents a vignette of how culture change perceived as necessary to achieving the vision for *A Better Start* was beginning to become embedded in one area as a result of the bid development process.

Figure 35: Beginning to embed necessary culture change: vignette from one area

[This vignette was created from accounts from a number of interviewees from one area.]

The pre-existing culture

It was reported that, generally in LAs, Early Years is assessed against a negative model: for example, the number of Early Help assessments i.e. an output measure (number of 'activity x').

The culture change required

If a preventative focus were to be embedded, Early Years success would be defined as how few Early Help assessments were required i.e. an outcomes measure (e.g. 'more families flourishing').

The mechanism of change

The fact that the *A Better Start* vision *began* with the outcomes it sought to achieve was welcomed. This was viewed as fitting well with where the local area had reached in its *thinking*; the bid development process exposed people to the argument that *investment in prevention and early intervention* would lead to successful outcomes. This was found to be persuasive and provided a way forward..

Example of change to commissioning language (and thinking)

> "The whole language is starting to change already: 'Stop telling me about inputs and outputs. What are the *outcomes* that we're commissioning here?'" (I.23)

Example of one change in practice

Because of the focus on outcomes in *A Better Start*, this practitioner changed her own practice to include following up on her delivery of training to staff in children's centres and nurseries. By working through colleagues in the public and voluntary sectors, she found out the extent to which the training led to positive changes in everyday practices of those trained. That is, her focus had shifted from an output measure (how many people have I trained?) to an outcomes measure (what differences has it made in how workers interact with the children in their care – and therefore what differences has it made for the children?)

Sources: *Interviews, autumn 2014; example from one area*

The **learning** we draw from these findings is that, since local authorities and many other partner organisations have generally not worked in an evidence-based way, **each local area implementing *A Better Start* will need to invest in this culture change.** This suggests that Step 5 (obtaining explicit buy-in from critical stakeholders and fostering a supportive community/partnership) will involve significant work. We argue that the culture changes involved will require explicit buy in of leaders (repeated as personnel changes). These changes, we believe, will also require explicit effort to ensure that new *A Better Start* staff, relevant partners and the population of beneficiary parents understand why things need to be done differently. We are aware that this needs to be achieved in a context of austerity and budget cuts that are likely to raise awareness of the risk involved in shifting even a small percentage of resources from meeting targeted/crisis needs to prevention. However, we argue that it is also done in the context of local resources and strengths, as discussed in the next section.

4.3 Build on known strengths

The interview data suggest that each of the local areas had experiences and resources to draw on that would support the process of bringing about a change in culture. This relates to Step 6 of the Quality Implementation Framework ('building general/[partnership[34]] capacity'). Figure 36 provides a composite list of local strengths mentioned by interviewees across the five area.

Figure 36: Composite list of local strengths mentioned during interviews

No area mentioned every bullet point. Some bullet points relate to more than one area.

- Long-established, structured partnership across LA, Health and the voluntary sector.
- Around Early years.
- Around targeted work with families.
- A strong Children's Trust Board in existence and working well.
- Enabled good engagement with CCGs.
- Recent history of VCSE lead organisation working closely with LA senior leaders.
- Pre-existing, positive working relationships amongst relevant professionals.
- Pre-existing local Children's Network and Maternity Network.
- Pre-existing good practice around engaging partners in join working on which to build during the bid development process.
- Strong political support from local MP and Council.
- Pre-existing local commitment to early intervention (in some cases, also to prevention).
- An existing early intervention strategy in place.
- Strong local VCSE sector, committed to working in the local area.
- Local pride amongst residents.
- History of innovative work in Early Years.
- Public health experience of successes from 10-year strategies to tackle childhood obesity and teenage pregnancy.
- Recent successes in implementing changes that led to improved outcomes in Early Years education.
- Capable leaders who could bring people together around the *A Better Start* vision.
- LA had established history of commissioning work from the VCSE sector and of supporting and enhancing community work by local individuals and community groups.
- LA involved in other initiatives that would link and add value to *A Better Start.*
- Good knowledge of local population.

Sources: *Interviews, autumn 2014; drawn from all five areas*

[34] As before 'organizational' in the original article has been changed to 'partnership' here.

The implied **learning** is, in our view, that **local capacity building (Step 6) and cultural change is likely to benefit from acknowledging and learning from these local experiences and resources.** As one interviewee said:

> "The key message for lots of people is, 'You have a huge amount of assets and a real commitment from professionals and parents that want to help'. There is the sense that people want things to be different and want to do things differently." (I.1)

4.4 Be part of the system you want to change

The interview data suggest that in all five areas, the long-term aim of council/borough-wide systems change demanded that system leaders, at the most senior level, needed to be involved from the start. The bid process supported this by requiring the Expression of Interest to be signed off by the Chief Executive Officers of the local authority, the VCSE lead organisation and the Director of Public Health. During Stages 1 and 2, senior leader involvement strengthened and deepened both at this CEO level, and at the next one or two levels down: Directors, Assistant Directors and equivalents. The Stage 2 requirement to obtain a commitment from senior leaders in the public sector to commit leverage money to add to the Big Lottery Fund grant, should the bid win, also served to emphasise the level of commitment expected of areas involved in *A Better Start*. The expectation that senior leaders would attend the two-day SRU-facilitated event to develop the area's A Better Start strategy[35] was met; and acted as a further indication of the level of senior leader commitment to a new way of working that demanded local systems to move towards greater integration ('systems change').

It was also clear that, in each area, agreement was reached at a senior level as to how the *A Better Start* programme would sit within local systems, whilst being focused on specific wards (see also Chapter 3, section 3.3). However, how that would translate into day-to-day operational practice was not (and could not have been) worked out at that point. There was recognition of the risk that *A Better Start* would become a project happening 'over there' without being an integrated part of the borough/council-wide systems it sought to change. Figure 37 provides some examples of how the areas sought to mitigate against this risk.

[35] Further details about the Strategy Days events are in Chapter 5.

Figure 37: Examples of signalling that *A Better Start* was about integrated systems

Conceptual model of linked system

The A Better Start programme was described by one interviewee as, "the first programme I've come across which will create a vertical system that you can actually link all the different layers together." The 'different layers' referred to were strategic and operational management, plus the delivery teams on the ground, plus the community in which the work was to be done. This integrated model was contrasted to other ways of working, which often resulted in gaps existing between each part of the system.

Assertive engagement of delivery services

During Stage 2, the core team members used their respective relationships to go out to meet Heads of Delivery Services to say, 'I need you' and to explain know how that team fitted in to the overall picture. Similarly, other team members used their respective relationships to draw in other delivery teams by asking about their needs, their issues and their 'blue skies' thinking. This way of going out to reach relevant teams directly broke down early barriers raised because of existing management structures and hierarchies. It signalled a new, integrated approach.

Physical presence in an identified ward

By the Set-up Phase, the A Better Start implementation team was based in a children's centre in one of the wards. The deliberate choice not to be based in the local authority's offices had been taken to indicate that it was not a local authority project but a new partnership across LA, VCSE sector and health and to have a physical presence in the community served.

Source: *Interviews, autumn 2014; examples from three areas*

The **learning** implication we draw from this is that**, in each area, *A Better Start* must always guard against becoming, or being viewed as, 'a project' that is happening on its own, separate from the wider systems** across the council or borough. We suggest that revisiting Step 3, Step 5, and Step 6 of the Quality Implementation Framework could all be useful in guarding against this.

4.5 Induct new staff into the *A Better Start* vision and understandings

Evidence from the interviews, relating to the development of a wider team of people involved in the bid development at Stage 2 of that process, indicated that, as the number of people involved grew over time, frustrations arose about new people needing support to catch-up on the learning that had taken place during the Expression of Interest and Stage 1 phases. Although Step 7 (staff recruitment/maintenance) of the Quality Implementation Framework fits most easily when thinking of implementing specific interventions within an *A Better Start* portfolio, nevertheless it is also relevant to this issue: that staff recruited to implement the programme need support to build up their knowledge and understanding of the *A Better Start* vision and the way that vision will be realised locally. In our view, the obvious but important **learning** implication is that **induction support is required to ensure the vision is passed on**. The risk we foresee is that, without such induction, the vision and practice could become diluted, if early learning that led to new knowledge and understanding is not passed on.

4.6 Summary

This chapter has drawn out a number of learning themes, mainly related to the steps 5 to 7 of the Quality Implementation Framework: that is from the 'capacity building strategies) sub-section of 'Phase 1: Initial considerations regarding the host setting'. The themes were:

- Lead and maintain the partnership.
- Change the culture.
- Build on known strengths.
- Be part of the system you want to change.
- Induct new staff into the *A Better Start* vision and understandings.

5. Taking stock of the implementation process

This chapter focuses on learning themes arising from the interaction of programme level support with the bid development process in the five successful areas.

5.1 Use the Quality Implementation Framework to help communicate progress to stakeholders and to manage their expectations around delivery

As indicated in the Introduction to this report, three levels of *A Better Start* implementation are taking place:

- The overall programme across all five areas.
- Each area's delivery of its *A Better Start* plan.
- Specific interventions within each area's portfolio of interventions.

The relationships between the three levels of implementation is important. The bid development phase can be seen as an important stage in both the implementation of the overall programme and in preparation for each area's implementation of its *A Better Start* plan.

"I feel [our bid] is standing us in good stead now [i.e. during grant set-up phase] because we've got quite a lot to build on. There's some good strong foundations there to build on." (I.33)

In our view, relating these three levels of *A Better Start* implementation to the four phases of the Quality Implementation Framework suggests that, of necessity, the stage of implementation of the overall programme will be in advance of the stage of implementation of the area plans. These area plans, in turn, will be in advance of the implementation stage of specific interventions on the ground, at least for a time.

We suggest that this has **learning** implications for everyone involved in *A Better Start*, including regarding **the way in which expectations about delivery are managed, and progress communicated to stakeholders**. For example, understanding that, during 2015, the overall programme was at Stage 3 of implementation (Ongoing structure once implementation begins) whereas the sites were reviewing Stage 1 (Initial considerations regarding host setting) and developing Stage 2 (Creating a structure for implementation) can help to create mutual appreciation of different pressures. For example, given the stage of implementation of the overall programme, the originators (the Big Lottery Fund) are likely to be focused on work related to the Framework's Steps 11-13 and, in time, Step 14 too. This will require the sites to play their role in feeding back to the funder how the programme is developing in their area – and to see that requirement as part of the quality implementation of the overall programme. Equally, if local stakeholders understand that the implementation of specific interventions on the ground must wait until the area implementation structures are in place, expectations about the implementation timeline can be managed appropriately.

5.2 Make use of programme-level capacity building activity

Reflection on the different implementation phases of the overall programme and the area plans also helps when considering the role played by the Social Research Unit, other experts, and the awarding of development funding to the short-listed areas during the bid development phase[36]. These forms of development support commissioned by the Big Lottery Fund can be viewed as **capacity building activity** (Steps 5-8) for the implementation of the **overall programme** and, at the same time, as supporting **each area** to undertake local assessment, adaptation and capacity building strategies (Steps 1-8). That it, it was designed to ensure the overall *A Better Start* programme would be enhanced by providing input designed to improve the quality of local area bids. This support was perceived as valued and valuable, as the rest of this chapter makes clear. The **learning** we draw out from this is that the five areas should continue to **make use of any programme-level capacity-building support** offered by the Big Lottery Fund.

5.2.1 Negotiate local fit into programme-level capacity building activity

There were three key elements to the development support, called *Better Evidence for a Better Start*, commissioned by the Big Lottery Fund from the Social Research Unit (See Figure 4 in Chapter 2). Taken together, this approach was referred to by interviewees as the Social Research Unit's 'methodology'. It included:

- A governance framework.
- Three inputs to inform strategy development.
  - Evidence on what works.
  - Area needs profiles.
  - A map of how local funds were spent ('fund-mapping').
- Training and support to facilitate the development of a shared vision and strategy.
  - Seminars, webinars and website information from prevention experts.
  - Training for the local partnership.
  - Facilitation of a two-day event (the 'strategy days') bringing the partnership together to use data and evidence to prepare a prevention strategy.
  - Access to a site manager (the 'associate').

It was an adapted version of the Evidence2Success methodology developed by the Social Research Unit at Dartington in partnership with the Annie E Casey Foundation and the Social Development Research Group[37].

The whole methodology can be viewed as having been designed to enable each area to obtain buy-in from critical stakeholders (the partnership) and to foster a supportive community climate (i.e. Step 5 of the

[36] The role is summarised in Chapter 2, Section 2.1.1, Figure 4.
[37] This acknowledgment appeared on key documentation shared with the areas by the Social Research Unit as part of *Better Evidence for a Better Start*..

Quality Implementation framework). Illustrative quotes about what was valued about the overall methodology are given first, followed by learning from what was perceived as less helpful by some. Then views about what was valuable about each part of the methodology are discussed in turn:

> "Their methodology has been incredibly helpful, really useful, and brought things that we would otherwise not have had." (I.7)
>
> "The methodology is absolutely critical to getting a programme which you can put your hand on your heart and say, 'Yes, I think the thinks we are going to do will deliver the outcomes because of this science, and because of the evidence and because of this process and because we will do it in this way. [...] That's what SRU have helped us to do." (I.25)
>
> "It was really helpful in providing the policy foundation for the programme. I thought the methodology and the materials that they produced were really excellent." (I.16)

From those whose perspectives were less positive, two learning points can be drawn out of relevance to future capacity-building efforts at programme level:

1. That it makes sense to think of such activity as requiring assessment of each area as a unique setting in terms of needs and resources, local fit, and capacity/readiness (i.e. Steps 1-3 of the Quality Implementation Framework);

2. It also makes sense to allow for the possibility of local adaptation (Step 4).

In our view, the **learning** from this is that local areas should consider **negotiating with external providers to seek local fit of the capacity-building support offered**.

5.2.2 Take what works from external support

The learning about what was perceived as having worked well about the methodology and as having been useful capacity-building is summarised in this section.

The governance framework

The Social Research Unit provided shortlisted sites with a short (7pages) document on 'Governance'. This set out the three key functions the governance arrangements in the sites would need to fulfil, and described the area partnership, community representation, and a community partnership. All five areas took note of what was in this guidance but, according to the interview data, not all followed it precisely. For example, one area's governance structure was also informed by practices and experience within the local Council.

Social Research Unit guidance (5 pages) was also shared on leverage i.e. "the expected balance of investment from public systems the Big Lottery Fund and other sources" (p1). This made clear that there was an expectation that the, "external investment from the Fund and other sources" would be used to "achieve a systematic shift in public expenditure" to ensure that more public money was spent, for example, on babies, on proven interventions and on prevention (p1). The guidance included reference to "the proposed bank structure that comes with Better Evidence for a Better Start" (p4). It gave an example of how accountability would work in practice: a commissioner would invest money in the local *A Better Start* strategy, which would be paid in to the bank. The *A Better Start* governance structure, including

community members, would be accountable for the money invested and for investing any economic benefits accruing from the strategy back to the bank. The investing commissioner would be a member of the governance structure for *A Better Start* and so would share accountability for the funds.

From interviews and bid documentation, it was evident that all five areas took up the challenge of leverage and achieved commitment from the public systems to invest in the *A Better Start* strategy. This achievement was viewed as very important to the development of the partnership, and as underlining the seriousness of the aim of changing local systems to achieve better outcomes for children. The bank as a mechanism for receiving this investment was viewed overall as requiring further investigation of legal and practical issues. In Figure 38 summary case studies are provided to illustrate different approaches to taking on the spirit of the guidance on leverage and the proposed bank structure.

Figure 38: Summary of four approaches to leverage and the concept of a partnership bank

Each bullet point summarises one area's approach

Aligned spending from the start

- An agreement was reached whereby the local authority's Early Years and Public Health [Early Years] spending would be "aligned" with the *A Better Start* strategy; that is, spent in the same way as *A Better Start* money. This meant these public services having to "give up some of that control", within the bounds of the conditions attached to these specific pots of public money. The plan was that, as the learning from *A Better Start* accrued:

  > "We can change the way our spending is happening to achieve better outcomes and, I firmly believe, reduce our spending. We won't need to spend that much money anymore because [we will be] delivering the outcomes in a better and a cheaper way." (I.27)

Commitment to leverage for scale up

- Senior leaders of public services committed tens of millions of pounds of new money for the purpose of scaling up what works in the *A Better Start* wards across the whole area, from Year 3 or 4 of implementation. (Tens of millions of pounds were also committed to enable core delivery services, children's centres, midwives and health visitors, to take on such a scale up.)

Programme budget built with leverage funding included

- "An upfront commitment" was made by senior leaders to commit "real money into […] the partnership", investing in it even during "the early years of the [*A Better Start*] investment". This enabled the projected budget to be built with leverage funding included so that the "actual value" of the proposed programme was "much greater" than the grant bid for from the Big Lottery Fund. With leverage money committed, the creation of a partnership bank was "put on the backburner". (quoted phrase drawn from three interviews in one area)

Commitment in principle because it supported system change

There was a commitment to the principle of having shared accountability for one pot of money, and commitment from system leaders to commit real money, but the practical issues around how such a bank could work were not resolved.

The context of austerity was viewed as having made conversations about leverage difficult, but the concept of leverage was viewed as more important than the bank mechanism. The bank was viewed as requiring more knowledge, support and time to achieve than was available. There was a commitment to work as a partnership to pool resources [continues] [continued] and review what was spent on Early Years and to agree together better ways of using that money. The decision was made to ring fence money from partners in the initial years of implementation, and to work with the local authority legal team to move towards a bank-type structure by the later years of the implementation.

Source: *Interviews, autumn 2014.*

The three inputs to inform strategy development

Evidence on what works

Two key papers about "what works" were provided to the shortlisted sites as part of *Better Evidence for a Better Start*. These were:

- Axford, N. and Barlow, J (no date). *The 'science within': what matters for child outcomes in the early years.* Better Evidence for a Better Start. The Social Research Unit at Dartington.
    - This paper, "pulled together evidence from a number of fields, highlighting what we now know about the key influences on a child's early development, how this takes place and the areas where we can make a difference." (Introduction, p2)
- Axford, N. and Barlow, J (no date).*What Works: An Overview of the Best Available Evidence on Giving Children a Better Start.* Better Evidence for a Better Start. The Social Research Unit:
    - This paper, "summarises what is currently known about 'What Works' to support parents and parenting during pregnancy and the child's first four years. [...] even when we feel confident about particular ways of working, the real world is messy place with different contexts, cultures and systems to complicate the delivery process. This means that 'what works' is 'what is most likely to work'." The paper refers to the "need to implement a range of interventions – policies, programmes, practices, processes, quality improvement, and population-level strategies [...]" and provided "an overview of the best available evidence for such activities." (Introduction, p2).

These papers were found to be useful to varying degrees – possibly in relation to the pre-existing knowledge base of key individuals within each bid development team. For example, where one person could characterise a document as "pretty basic", another could characterise the same document as "very useful" or "an eye-opener". For the majority of interviewees, these documents were regarded as important and helpful. Interviewees from two areas in particular described in some detail how these documents were examined in-depth and used to guide and shape local decisions about which interventions to include in the area's portfolio of interventions.

Area needs profiles ("area wellbeing survey")

The area needs profile was created by the Social Research Unit from the results of an "area wellbeing survey", conducted face-to-face in the homes of local parents of conception to 3-year olds. The results were presented to the partnership representatives during the strategy days.

The area needs profile was variously perceived in different areas as useful, fairly useful, or not useful. The main issues related to *how* the survey was carried out (by a sub-contractor to the Social Research Unit). Interviewees indicated that they would have obtained more value from a process that had been co-produced with them to help ensure local parents were aware of what was taking place and why. In general, the area needs profile was viewed as complementary to other data sources on local needs.

A map of how local funds were spent ('fund-mapping')

The Social Research Unit provided shortlisted sites with written guidance and templates for conducting a local fund-mapping exercise. The information to be gathered was, "all investment in services for children and on those services for babies from conception to age 3", including investment by both public services and by the "voluntary/charitable sector"[38].

The five areas varied in preparedness for this task (i.e. the extent to which the required information was available and links in place with the people who could access the required information).

The perceived benefits of undertaking this substantial piece of work included that it:

- Created a baseline from which any subsequent shift in the balance of investment towards prevention and early intervention could be measured.
- Demonstrated in financial terms the rationale for prevention and early intervention.
- Helped to persuade system leaders of the need for system change.

Training and support to facilitate development of a shared vision and strategy

Limited information was gathered about the seminars, webinars and website information from prevention experts, or about the training for local partnerships, provided by the Social Research Unit. Views expressed indicated that some had found these a useful resource. Comments included, for example, one person reporting that early sessions on delivering services in a different way had transformed thinking and: "in terms of how we can use this [evidence-base] to influence how services are delivered and developed going forward." (I.22).

One parent interviewed described in very positive terms the meetings parents involved in the partnership had had with Social Research Unit staff:

> "They made us feel listened to. They let us say what we needed to say. [...] They made us feel they wanted honest answers and that's what they got as a result so I think their approach with the community was perfect in that respect." (I.32)

[38] The quotations are from "Fund mapping, a document provided by the Social Research Unit as part of *Better Evidence for a Better Start.*

Facilitation of a two-day event (the 'strategy days') bringing the partnership together to use data and evidence to prepare a prevention strategy

The Better Evidence for a Better Start methodology guided the shortlisted areas to conduct all their preparatory evidence-gathering (e.g. scoping activity, data collection, data analysis) but to hold off making any decisions about the plan for the area's *A Better Start* strategy or portfolio of programmes until the two-day event known as the 'strategy days' took place. This event was facilitated by one person from among the senior staff from the Social Research Unit (different individuals facilitated the event in different areas). In each area, the event brought together an invited group of people representing the *A Better Start* partnership, including the senior system leaders ("the purse-string holders" as more than one interviewee put it), the bid development team and representatives of community parents and of organisations and services operating in the identified wards. The purpose of the event was to share the data and evidence previously gathered about local needs, local strengths and potential ways to address identified needs and, on the basis of these data plus the views and experience of everyone in the room, to agree the approach to the area's *A Better Start* strategy. A written report of what was agreed at the event, in effect a draft strategy, was produced on behalf of the Social Research Unit and sent to the respective area. The two days followed a set agenda. They were conducted on the basis of ground rules that set a tone whereby everyone in the room would be involved and valued.

In all five sites, it was clear from the interview data that the strategy days had been a very important aspect of the training. Figure 39 summarises what was perceived as valuable about this part of the overall methodology.

Figure 39: What was valued about the strategy days

Short phrases in quotation marks were used by more than one interviewee.
Each point was made by more than one interviewee from more than one area.

Facilitation

- Skilled external facilitator.
- Skilled external note-taker.

Participants

- The full partnership represented, from Chief Executive or Director level, and including parents from the identified wards ("the right people in the room").

Process

- Set agenda, following a clear process, including the presentation of the area needs profile:
  - And agreement that an area could add its own touches to the experience, such as creating the delegate folder, showing a film of local children *et cetera.*
- Ground rules that put everyone present "on the same level".
- The mingling of people regardless of role or place in hierarchy of power – no job title badges.
- The opportunity for system leaders to have a facilitated, private, session discussing how to work together, including committing money, to bring about positive system changes and then to declare these intentions publicly to all participants.

Outcomes

- Collaboratively reached decisions about what would be included in the area's *A Better Start* bid (overall approach, sometimes also specific interventions) ("a shared vision").
- Well-written, c.10-15 page document, capturing essence of the discussion and decisions made – a starting point for the final area strategy document submitted as part of the bid.

Source: *Interviews, autumn 2014; composite list drawn from across all five areas*

Access to a site manager (the 'associate')

The critical success factors in relation to the perceived effectiveness of the site manager ('**associate'**) role are summarised in Figure 40.

Figure 40: Critical success factors relating to the associate role

- Be experienced and credible
- Offer valuable external challenge to local assumptions and perceptions
- Offer practical support – for example, run workshops on topics such as logic models, outcomes; help to write required documents; clarify requirements
- Maintain confidentiality of each area
- Develop a relationship of trust

Source: *Interviews, autumn 2014; composite list drawn from all five areas*

5.2.3 Learn from others' previous relevant experience

Programme-level capacity-building activity was also delivered by other experts (i.e. in addition to those from the Social Research Unit). One theme raised by some interviewees, was the importance of the presentations by three leading experts at a Big Lottery Fund event during the bid development process. The three experts were:

- Naomi Eisenstadt, an Early Years expert, and the first Director of the Sure Start Unit.
- George Hoskins, CEO and Research Director of the WAVE Trust.
- Kate Billingham, expert in child public health and, at the time, Director, Family Nurse Partnership.

Figure 41 summarises reported benefits from the involvement of these "champions" (I.7) of the programme.

Figure 41: Learning from others' relevant experience

Each bullet point represents a different area

The involvement of Naomi Eisenstadt, George Hoskins and Kate Billingham was reported as helping:

- To focus the vision for *A Better Start* "into something embedded in practice and reality" and on getting things right for families "in the first few years of a child's life", including pregnancy (quotes from two different people in one area).
- To articulate the learning from "the mistakes" of Sure Start that: "The community needs to drive the project but it's got to always remain on an evidence base" (I. 8).
- To highlight "the three areas of health, engagement and attachment in the programme" (I.16).

Source: *Interviews, autumn 2014; composite list drawn from three areas*

In essence, the contribution of these three experts can be summarised as feeding in to the new *A Better Start* programme the learned experience of other interventions. This can be viewed as *A Better Start* benefitting from **previous relevant experience**. This **learning** is relevant to Stage 4 of the Quality Implementation framework: Step 14, Improving further application – Learning from experience.

5.2.3 Provide financial resources to create necessary capacity

A third type of capacity-building activity was enacted at local level but organised and funded at programme level: this was the giving of substantial amounts of development funding to shortlisted sites to spend during Stage 2 (later extended to allow for further expenditure during the Set-up Phase). The interviewees all viewed this funding as **enabling** key aspects of the work involved in developing the bid to be undertaken which, otherwise, would not have happened. For example:

> "The development funding was a very important enabler […] to get everybody we needed together […] helping to oil wheels so that people who are very busy and stretched in different agencies could contribute." (I.18)

Interviewees indicated that this funding also enabled external expertise to be bought in. In Figures 42 to 44 the types of activity the development funds enabled are organised in relation to the capacity building strategies (Steps 5 to 8) of the Quality Implementation Framework. The **learning** we draw out from this is that grant makers/project funders have a role in ensuring that **financial resources are provided to create capacity to undertake the work** involved in those important steps (Steps 5-8), set out in the Quality Implementation Framework.

Figure 42 summarises the ways the development funds were reported as having been spent that related to capacity-building Step 5 (Obtaining explicit buy-in from critical stakeholders and fostering a supportive community climate).

Figure 42: Uses of the development funding: To obtain buy-in and foster a supportive community climate (Step 5 of Quality Implementation Framework)

Each bullet point is from one area. Each area is represented by more than one bullet point.

To gain buy-in to the vision from professionals and community

- Fees to bring in national experts to help sell the vision to senior staff in some of the organisations (Crispin Day (Family Partnership Model), Katherine Rushforth (1001 Days), Kate Cairns (attachment).
- Paid for attractive fliers to be designed to spread information about A Better Start.
- Paid for local community people to do the community consultation work.
- Paid for a lot of stakeholder events to "really consult with communities" (I.10).
- Commissioned an organisation to do community engagement.
- Paid for community parent representatives to attend a taster day at a local Forest School[39] and for some parents and others to attend training seminars about Forest School.
- Enabled a contract to be let to manage the sub-contract for community engagement ("because we knew we didn't have the right skills").
- Paid for "spoiling our community" – "things that, as a charity, we don't get the money to spend on".
  - Hired halls.
  - Ran community events with nice lunches and refreshments; paid parents' travel costs; it was important because it allowed them to make the parents "feel valued" (I.3)
- Supported the community engagement work
  - Bought in expertise.
  - Produced materials.
  - Put on events.
  - Commissioned artist to produce the visual story of the parents' journey through the antenatal period and what good support looks like – also post-natal period (see also New Learning).
  - Bought time.

To remove practical barriers to parent engagement

- Childcare at Community Partnership meetings.
- Community survey about local services.
- Venues, childcare and transport to support Community Partnership.
  - Ability to recompense parents for travel and crèche

Source: *Interviews, autumn 2014; composite list drawn from five areas*

[39] Forest School is an educational approach that enables all learners to experience hands-on learning in a wood or natural environment with trees. Information can be found at the Forest School Association website.

Figure 43 summarises the ways the development funds were reported as having been spent that related to building general/organisational capacity (capacity-building Step 6). This type of capacity building is designed to build infrastructure and skills within the organisation (in this case, the bidding team/area) that will help to ensure the quality of implementation when that stage is reached.

Figure 43: Uses of the development funding: To build general/organisational capacity (Step 6 of Quality Implementation Framework)

Each bullet point is from one area. An area may be represented by more than one bullet point.

To enhance the bid development team

- Employed a project manager.
- Paid for backfill to allow one or two people to focus on the work full-time.
- Paid for an admin post and two secondments (one full-time; one part-time) to work on the bid.
- Paid for full-time coordinator post (secondment).
- Bought in consultancy support to help around project management and facilitation.
- Bought in consultants to support workstream leads on community engagement, workforce development, capital spend, and data.
- Seconded some staff and increased the hours of other staff.
- Included specialist workers in the team – a midwife, a health visitor, an Early Years specialist – having these specialists involved was viewed as giving credibility with key providers.
- Paid for staff time to explore vulnerability checklists.
- Paid for staff time to analyse data in a more detailed way.

To improve communication

- Paid for travel expenses to enable members of the team to meet face-to-face and to attend the bid development training events.

To improve skills

- Bought research into whether there was "a longer-term cost benefit analysis of the programme" that could be done – the aim was to "incorporate social value" in the strategy and the team wanted to know how to do that.
- Training for parents who have been part of Community Partnership.
- Paid for governance training for those parents – e-learning licenses (safeguarding, equality and diversity etc.).

To improve infrastructure

- Bought work on parent-tracking so that, once the work started, the capability would be in place to know "where people are going, what they are doing".
- Paid for local mapping of unused green space.

Source: *Interviews, autumn 2014; composite list drawn from five areas*

From the interview data, our understanding is that the development phase funding was not used to recruit or maintain staff who would implement *A Better Start* (Step 7), as these appointments would be made only if the bid were to be successful. Development funding *was* spent on augmenting the bid development teams – this is included in Figure 43 and related to Step 6 of the Framework, rather than Step 7, because it supported the development of the bid, i.e. of the *planning* for the 'innovation' (*A Better Start*). Step 7 is a **reminder** that the **recruitment** and then maintenance, through training and support, **of the staff teams** implementing *A Better Start* during and after the Grant-set-up phase will be a topic that is returned to in later reports.

Figure 44 shows the ways in which development funds were spent that can be viewed as 'pre-innovation training'. This step in capacity-building is, according to Meyers, Durlak and Wandersman, includes training about the "theory, philosophy, values" of the innovation (here, *A Better Start*) and "skills-based competencies" of practitioners (see Figure 44).

Figure 44: Uses of the development funding: To buy pre-innovation staff training (Step 8 of Quality Implementation Framework)

Theory, philosophy, values of the innovation (here, A Better Start)

- Paid for appreciative inquiry training.
- Paid for master classes – for example, on early attachment.

Skills-based competencies of practitioners

- Contracted a community lead organisation to work on quality assurance of organisations that had expressed an interest in delivering services for Early Years and that met the criteria - spent money to enable them to reach Star Standard, a Quality Assurance Framework.
- Worked with a volunteer centre to develop a Volunteer Passport as a way of recording any training completed by volunteers which could be used to support entry to employment.
    - Devised a minimum standard of training for volunteers and an e-route for delivering it to avoid the childcare issues attendant on face-to-face training delivery.

Source: *Interviews, autumn 2014; composite list; examples from three areas*

Pre-innovation training (Step 8) is also about more than the two aspects illustrated in Figure 44. It is also about: "training to teach the why, what, when, where and how regarding the intended innovation". This larger aspect of Step 8 is a **reminder** of the importance that **staff induction and training** will have for the implementation of *A Better Start* in each area. The combination of the requirements of the Big Lottery Fund's application process, including the capacity-building support delivered by the Social Research Unit, culminated in the production of each area's strategy document with its multiple appendices: these documents can be viewed as setting out initial blueprint answers to these 'why, what, when, where and how' questions. Step 8 suggests that ensuring that staff who are appointed to lead and deliver *A Better Start* are able to take all of that learning on board will be crucial to quality implementation.

Figures 42 to 44 summarised how the development funding money was spent, and linked this to three of the four capacity-building steps of the Quality Implementation Framework. Over and above the value of these very practical uses for the money, interviewees in different areas also mentioned the "psychological boost" the development funding gave to the engagement of the local communities: that is, the value lay not only in the money but in the meaning of the money:

> "For me [...] and colleagues in the community, when we saw the injection of cash to say, 'This is for the next stage', psychologically there was an impact there, that this might actually happen. This isn't' a pipe dream. [...] So that was a great psychological boost." (I.21)

> "Above the kinds of things the money was spent on, what was achieved [by the development funding] that overarches it all was a sense of it being important to the Lottery as well as to us. The people on the ground got the importance of developing something and changing and being allowed to change because it's called a development period." (I.7)

5.3 Continue to be reflective

Interviewees were asked about the key learning from the bid development phase that was being/would be taken forward into implementation of *A Better Start*. Naturally, individual responses varied: in Figure 45, the main themes are summarised. In our view, the **learning** is that, in addition to learning from others' experience, learning from **each area's own experience** will also be important to the implementation of A Better Start. This suggests that regular opportunities for reflection and for collating learning will be beneficial.

Figure 45: Interviewees' learning themes carried from bid development to inform implementation

Recognition of:

- The importance of **leadership.**
- The need to continue learning about the processes and management of **partnership**, including managing expectations around the money and building on greater mutual understanding across public and VCSE sectors.
- The need to embed **commissioning** for outcomes.
- The challenge of embedding a **preventative approach** whilst holding on to that vision.
- The challenge of achieving a long-term **systemic change** in the way the public and VCSE sectors work together to improve outcomes for children whilst holding on to that aim.
- The dynamic **context** – in family life, in the local area, nationally – interacting with *A Better Start.*
- The importance of **workforce development**, including around understanding evidence.
- The need to continue **communicating a clear message** about support for parenting.
- The need to understand what makes for a **cohesive community** for families with young children.

Source: *Interviews, autumn 2014; composite list drawn from all five areas*

The range of learning themes identified (Figure 45) is testimony to the importance of the Big Lottery Fund having invested so much time and money in the bid development phase. These themes (and others) will be followed up in subsequent reports from the implementation evaluation because our hypothesis is that the development of each area's bid has laid a foundation that will shape the implementation of A Better Start in each respective area.

As the implementation of *A Better Start* continues over time, the expectation is that learning about quality implementation at each level (programme, area, intervention) will become mutually enriching, as the ongoing implementation support strategies (Steps 11 to 13 in the Framework[40]) are developed, and experience (Step 14[41]) grows.

5.4 Summary

This chapter has focused on learning that was viewed as useful and valuable from programme-level capacity-building activity across all five sites. This related to Steps 5, 6 and 8 of the Quality Implementation Framework. The themes were:

- Use the Quality Implementation Framework, as it applies at programme, area and portfolio project level, to help communicate progress to stakeholders and to manage their expectations around delivery.
- Include programme-level capacity building activity.
- Build local fit into programme-level capacity building support.
- Take what works from external support.
- Learn from others' previous relevant experience.
- Provide financial resources to create necessary capacity.

The chapter ended with a summary of the learning themes arising from the bid development phase overall, which interviewees said were informing (or would inform) the local implementation of *A Better Start*. The final theme was therefore:

- Continue to be reflective.

[40] Step 11: Technical assistance/coaching/supervision. Step 12: Process evaluation. Step 13: Supportive feedback mechanism.
[41] Learning from experience

6. Next steps in relation to our Research Questions

This report is the first in what will become a series over the life of the implementation evaluation of *A Better Start*. It has focused on summarising the learning from the bid development phase. This phase acted as the foundation for the implementation of *A Better Start*. It can be expected, therefore, to be of continuing relevance for the programme.

In terms of the evaluation, we plan to return to many of the themes and issues raised in this first report during subsequent data collection, analysis and reporting in order to map developments over time. For example, the second report[42] from the implementation evaluation, which focuses on the grant set-up phase, develops further learning around such themes as the importance of maintaining the *A Better Start* vision; of keeping local parents and the wider local community at the heart of *A Better Start*; and of articulating clearly a local operational meaning for the 'systems change' that is such an important desired outcome for the programme. Like this first report, Report 2 contributes to answering our Research Question 2:

- What planning procedures were undertaken in order to set up and implement the programme?

The third report will focus on describing the five areas in terms of the existing systems and services in place before *A Better Start* and early developments within these systems and services because of *A Better Start*. This will contribute to answering our first Research Question:

- What services, organisational structures and monitoring systems were in place at the beginning of the programme?

The fourth report, as currently planned, will focus on our Research Question 3:

- What was the nature of the relationship between the *A Better Start* areas and the external support available during grant set up and the implementation and embedding phase (Years 1 and 2)?

This will explore the value of, and learning from, capacity-building support made available to all five sites by the Big Lottery Fund from July 2014 to March 2017.

From Year 3 of implementation, reporting will focus on evidence regarding how well services have been developed and delivered, with a focus on joined up service delivery, in each of the five areas. We will seek to identify the critical success factors for effective practice and systems that can then inform wider replication beyond the level of the *A Better Start* wards.

[42] Cullen, S., Cullen, M.A., Lindsay, G. (submitted December, 2016). *A Better Start Implementation Evaluation. Report 2. Learning from the grant set up and planning phase*. London: Big Lottery Fund

7. Conclusions

As was stated in the Introduction, *A Better Start* is designed to enable different models of effective preventative services to be implemented and tested out locally in the five selected areas. In particular, it aims to create population-level improvements in the life chances of children through the investment being spent on the design and delivery of preventative interventions implemented collaboratively across health and other public services and the voluntary, community and social enterprise (VCSE) sector in three outcome domains: social and emotional health; nutrition; communication and language development. The fourth desired outcome is long term systemic change in the way that local health, other public services and the VCSE sector work together to improve outcomes for children.

On the basis of the evidence presented in this report, we conclude that the bid development phase was an important investment in planning for high quality implementation of *A Better Start* in the five successful areas. It enabled all five areas to create partnerships across local authority (especially Early Years and public health), health and other public services and the VCSE sector; partnerships committed to working collaboratively and to creating a systemic change focused on improved outcomes for children. The bid development phase also allowed all five areas to begin to build community engagement around their respective shared vision of what could and should be done to improve outcomes for local children.

8. Recommendations

On the basis of the evidence presented in this report, our recommendation is that the learning themes are taken note of, as implementation of *A Better Start* continues in the five areas. The learning themes are collated here, by the chapter in which the evidence for them is presented.

8.1 Learning themes from Chapter 3

- Spread the word that implementation is as important as the intervention.
  - Those involved in the bid development process need to ensure that they pass on to new staff, partners and beneficiaries the understanding they gained of how important quality implementation is to positive outcomes from interventions.
- Engage and motivate using the *A Better Start* concept and vision.
  - The power of the vision should be kept central to all activity and used to engage and motivate new staff, existing staff, partners and beneficiaries.
- Articulate how a ward-based investment will benefit the whole area.
  - Attention needs to be paid to how the investment in specific wards in communicated and justified to the wider population in the local area.
  - Good data support quality implementation by providing a basis for decisions.
- Keep questioning, listening and learning together.
  - It is worth continuing to coproduce the work of planning and implementation with local mothers, fathers and grandparents and to continue to bring people together across role, hierarchical and organisational boundaries to coproduce new solutions to entrenched issues and new challenges.
- Attend to (changing) context.
  - Mitigate against known risks to outcomes from the start.
  - Repeat implementation steps as necessary when change happens.
  - The systematic collection and use of data can lead to new understandings of local need.
  - Consider the local fit of any innovation and make appropriate local adaptations if required.
- Attend to potential fracture lines in the partnership.
  - Tensions within any partnership during the bid development phase, underpinned by differing professional or organisational identities, should not be ignored as they are unlikely to disappear. Continued discussion and coproduction should diminish them.

8.2 Learning themes from Chapter 4

Lead and maintain the partnership

- Early decisions about the leadership are likely to have ramifications throughout the programme. Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/partnership climate[43] will be an important and continuing leadership task requiring structured ways of doing so.
- Engaging the beneficiary parents requires specific skills which has implications for workforce development and the skill-mix of core team staff.
- Avoid generalising to 'the community' or to 'parents' on the basis of small numbers of parent representatives.
    - Ensure fathers' views, as well as mothers' views, are expressly canvassed and included.

Change the culture (towards prevention and early intervention and use of evidence)

- Each *A Better Start* area will need to invest effort, time and resources in ensuring that all stakeholders understand why this culture change needs to happen and that it will mean things being done differently.

Build on known strengths

- Local capacity-building activity and work towards culture change is likely to benefit from acknowledging and learning from local experience and resources.

Be part of the system you want to change

- In each area, A Better Start must guard against becoming, or being viewed as, a 'project' that is happening on its own, separate from the wider systems across the local area that it seeks to change.

Induct new staff into the *A Better Start* vision and understandings

- Induction support is required to ensure that the vision and learning that has led to new knowledge and understanding is passed on to new staff.

8.3 Learning themes from Chapter 5

Use the Quality Implementation Framework to help communicate progress to stakeholders and to manage their expectations around delivery

- Use the Framework to help explain that, of necessity, the stage of implementation of the overall programme will be in advance of the stage of implementation of area plans. These area plans will, in turn, be in advance of the implementation stage of specific interventions on the ground, at least for a time.

[43] Step 5 in the Quality Implementation Framework.

Make use of programme-level capacity building activity

- Because it is designed to improve the implementation of the overall programme, all five sites should continue to make use of programme-level capacity-building support offered by the Big Lottery Fund to support implementation in their respective areas.

Negotiate local fit into programme-level capacity building support

- Each area is a unique setting and so it makes sense that consideration should be given to negotiating with external providers as to what, if any, local adaptation may be made to capacity-building support to ensure local fit.

Take what works from external support

- Experience from the bid development phase showed that all of the areas reported benefits to a greater or lesser extent of the capacity-building support offered.

Learn from others' previous relevant experience

- Use the expert knowledge available to *A Better Start* teams to feed in to local implementation of *A Better Start* the lessons from others' previous relevant experience (e.g. from Sure Start, from WAVE Trust, from Family Nurse Partnership).

Provide financial resources to create necessary capacity to do implementation well

- Learning from the uses of the development funding at Stage 2 suggests that other grant makers/funders of innovations should also provide financial resources to create the capacity to do implementation well.

- It also suggests that implementation leaders in each of the five areas need to provide the delivery teams with the financial resources necessary to build the capacity required to do implementation well.

Continue to be reflective

- In addition to learning from others', learning from each area's own experience over time will also be important to the quality implementation of *A Better Start*. Regular opportunities for staff to reflect and collate learning will support this.

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Appendix One: Stages and timeline of the bid development phase

The bid development phase took place during January 2013 to June 2014.

Figure 46: (A1): The stages and timeline of the *A Better Start* bid development process

Stage	Key dates	Lead organisation type	Numbers involved
1. Expression of Interest	Invitation: January 2013 Submission: 22.2.2013 Results: 30.3.2013	Local Authority (LA)	Open to all 152 LAs • 109 submitted.
2. Stage 1	Submission: 7.6.2013 Results: early Aug 2013	Voluntary and Community Sector (VCS)	Longlist: • 40 partnerships.
3. Stage 2	Submission: 28.2.2014 Presentations: May 2014 Results: 5.6.2014	Voluntary and Community Sector (VCS)	Shortlist: • 15 partnerships. Selected for *A Better Start* investment: • 5 partnerships.

Appendix Two: Important questions to answer at each step in the Quality Implementation Framework

From: Meyers, D.C., Durlak, J.A. and Wandersman, A. (2012) 'The Quality Implementation Framework: A synthesis of critical steps in the implementation process', *American Journal of Community Psychology*, 50, 462-480. (Specifically, Table 3, 469-470)

Phases and steps of the Quality Implementation Framework

Phase one: Initial consideration regarding the host setting	
Assessment strategies	
1.	**Conducting a needs and resources assessment:** Why are we doing this? What problems or conditions will the innovation address (i.e. the need for the innovation)? What part(s) of the organization and who in the organization will benefit from improvement efforts?
2.	**Conducting a fit assessment:** Does the innovation fit the setting? How well does the innovation match the: • Identified needs of the organization/community? • Organization's mission, priorities, values and strategy for growth? • Cultural preferences of groups/consumers who participate in activities/services provided by the organization/community?
3.	**Conducting a capacity/readiness assessment:** Are we ready for this? To what degree does the organization/community have the will and the means (i.e. adequate resources, skills and motivation) to implement the innovation? Is the organization/community ready for change?
Decisions about adaptation	
4.	**Possibility for adaptation** Should the planned innovation be modified in any way to fit the host setting and target group? What feedback can the host staff offer regarding how the proposed innovation needs to be changed to make it successful in a new setting and for its intended audience?

How will changes to the innovation be documented and monitored during implementation?

Capacity Building Strategies (may be optional depending on the results of previous elements)

5. Obtaining explicit buy-in from critical stakeholders and fostering a supporting community/organizational climate:

Do we have genuine and explicit buy-in for this innovation from:

- Leadership with decision-making power in the organization/community?
- From front-line staff who will deliver the innovation?
- The local community (if applicable)?

Have we effectively dealt with important concerns, questions, or resistance to this innovation? What possible barriers to implementation need to be lessened or removed?

Can we identify and recruit an innovation champion(s)?

Are there one or more individuals who can inspire and lead others to implement the innovation and its associated practices?

How can the organization/community assist the champion in the effort to foster and maintain buy-in for change?

(Note: Fostering a supportive climate is also important after *implementation begins and can be maintained or enhanced through such strategies as organizational policies favouring the innovation and providing incentives for use and disincentives for non-use of the innovation.)*

6. Building general/organizational capacity:

What infrastructure, skills, and motivation of the organization/community need enhancement in order to ensure the innovation will be implemented with quality?

Of note is that this type of capacity does not directly assist with the implementation of the innovation, but instead enables the organization to function better in a number of its activities (e.g. improved communication within the organization and/or with other agencies; enhanced partnership and linkages with other agencies and/or community stakeholders).

7. Staff recruitment/maintenance

Who will implement the innovation?

Initially, those recruited do not necessarily need to have knowledge or expertise related to use of the innovation: however, they will ultimately need to build their capacity to use the innovation through training and on-going support.

Who will support the practitioners who implement the innovation?

These individuals need expertise related to (a) the innovation, (b) its use, (c) implementation science, and (d) process evaluation so they can support the implementation effort effectively.

Might roles of some existing staff need realignment to ensure that adequate person-power is put towards implementation?

8. Effective pre-innovation staff training

Can we provide sufficient training to teach the why, what, when, where, and how regarding the intended innovation?

How can we ensure that the training covers the theory, philosophy, values of the innovation, and the skill-based competencies needed for practitioners to achieve self-efficacy, proficiency, and correct application of the innovation?

Phase 2: Creating a structure for implementation

Structural features for implementation

9. Creating implementation teams:

Who will have organizational responsibility for implementation?

Can we develop a support team of qualified staff to work with front-line workers who are delivering the innovation?

Can we specify the roles, processes, and responsibilities of these team members?

10. Developing an implementation plan:

Can we create a clear plan that includes specific tasks and timelines to enhance accountability during implementation?

What challenges to effective implementation can we foresee that we can address proactively?

Phase 3: Ongoing structure once implementation begins

Ongoing implementation support strategies

11. Technical assistance/coaching/supervision:

Can we provide the necessary technical assistance to help the organization/community and practitioners deal with the inevitable practical problems that will develop once the innovation begins?

These problems might involve a need for further training and practice in administering more challenging parts of the innovation, resolving administrative or scheduling conflicts that arise, acquiring more support or resources, or making some required changes in the application of the innovation.

12. Process evaluation

Do we have a plan to evaluate the relative strengths and limitations in the innovation's implementation as it unfolds over time?

Data are needed on how well different aspects of the innovation are being conducted as well as the performance of different individuals implementing the innovation.

13. Supportive feedback mechanism

Is there an effective process through which key findings from process data related to implementation are communicated, discussed, and acted upon?

How will process data on implementation be shared with all those involved in the innovation (e.g. stakeholders, administrators, implementation support staff, and front-line practitioners)?

This feedback should be offered in the spirit of providing opportunities for further personal learning and skill development and organizational growth that leads to quality improvement in

implementation.

Phase 4: Improving future applications

14. Learning from experience

What lessons have been learned about implementing this innovation that we can share with others who have an interest in its use?

Researchers and innovation developers can learn how to improve future implementation efforts if they critically reflect on their experiences and create genuine collaborative relationships with those in the host setting.

Collaborative relationships appreciate the perspectives and insight of those in the host setting and create open avenues for the innovation; and (a) factors that may have affected the quality of its implementation.

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